



Indira Gandhi
National Open University
School of Education

BESE-066
Adolescence and
Family Education

Block

2

LIFE SKILLS BASED EDUCATION AND OBJECTIVES

UNIT 5

Basic Concept and Objectives of Life Skills Education **5**

UNIT 6

Sexual Health Education **22**

UNIT 7

Sex, Gender and Sexuality **38**

UNIT 8

Core Life Skills **61**

UNIT 9

Role, Functions and Responsibility of Teachers **72**

EXPERT COMMITTEE

Prof. R.N. Mehrotra Former Head and Dean Deptt. of Education (CIE) University of Delhi.	Dr. S.K. Thakur Vice Chairman, NCTE New Delhi	Dr. Veera Mendonca Youth Coordinator UNICEF, New Delhi
Prof. C.L. Anand Former PVC, IGNOU New Delhi	Prof. Chander Bhushan Former UNESCO Media Consultant and Former Head Educational Television CIET, NCERT, New Delhi	Mrs. L. Vishwanathan Consultant, MHRD
Dr. T. Kalam Director, St. John's National Academy of Health Sciences Johnnagar, Bangalore	Prof. S.B. Arora Director, SOHS, IGNOU	Dr. S.Y. Quereshi Director, NACO, MHRD
Dr. G.D. Ravindran Prof. of Medicine Rattan Singh Road Frazer Town, Bangalore	Dr. Ritu Priya Centre of Social Medicine and Community Health School of Social Sciences JNU, New Delhi	Prof. M.C. Sharma Director (Programme Coordinator, B.Ed) SOE, IGNOU
		Prof. Ved Goel SOE, IGNOU
		Prof. Gracious Thomas SOCE, IGNOU

COURSE TEAM

Course Contribution	Unit Designing and Format Editing	Content Editing
Prof. Gracious Thomas SOCE, IGNOU (Unit 5 and 6)	Prof. M.C. Sharma Director SOE, IGNOU	Prof. C.L. Anand Former PVC, IGNOU
Dr. B.R. Siwal Asstt. Director, NIPCCD Hauz Khas, New Delhi (Unit 7)	Ms. Deepshikha Saxena Consultant SOE, IGNOU	Language Editing Prof. G.S. Jolly Consultant (Editorial Unit) School of Humanities, IGNOU
Ms. Vandana Singh Lecturer, SOE, IGNOU (Unit 8)	Course Coordination Prof. M.C. Sharma Director SOE, IGNOU (Course Coordinator)	
Dr. Praveen Sharma Senior Lecturer Hindu College of Education Sonapat, Haryana (Unit 9)	Prof. Gracious Thomas SOCE, IGNOU (Course Co-coordinator)	

Acknowledgement : *IGNOU acknowledge UNICEF for funding the course development.*

PRODUCTION

S.S.Venkatachalam
Asst. Registrar (Publication)
IGNOU New Delhi.

September, 2010 (Reprint)

© Indira Gandhi National Open University, August, 2007

ISBN 978-81-266-3084-4

All rights reserved. No part of this work may be reproduced in any form, by mimeograph or any other means, without permission in writing from the Indira Gandhi National Open University.

Further information on the Indira Gandhi National Open University courses may be obtained from the University's Office at Maidan Garhi, New Delhi-110068.

Printed and published on behalf of the Indira Gandhi National Open University, New Delhi, by the Director, School of Education.

Lasertypeset: M/s. H.D. Computer Craft, WZ 36A Lajwanti Garden, New Delhi-110046.

Printed at : Sorna Print Systems, Sivakasi - 626 124.

BLOCK 2 LIFE SKILLS BASED EDUCATION AND OBJECTIVES

Introduction to the Course

Adolescents are confronted with situation that requires knowledge as well as guidance for the healthy development of their personality. The five units of this block deal with life skills based education.

Unit 5 deals with “**Basic Concept and Objectives of Life Skills Education**”. It discusses various life skills in the context of HIV/AIDS and adolescent education as well as in context of sexual health education. It also highlights life skills for helping professionals.

Unit 6 deals with “**Sexual Health Education**”. Adolescents need to be provided authentic information so that they do not indulge in risk taking behaviour under peer influence. This unit discusses the conceptual frame work of sexual health education, need, importance as well as objectives of sexual health education.

Unit 7 deals with “**Sex, Gender and Sexuality**”. This unit discusses basic concepts of Sex, Gender and their differences. It brings about the linkages between gender, sexuality and HIV/AIDS.

Unit 8 deals with “**Core Life Skills**”. It discusses the basic life skills which are required by an individual to reach a state of complete physical, mental and social well being. This unit also highlights the effective teaching methodology for imparting life skills education.

Unit 9 discusses the “**Role, Function and Responsibility of the Teacher**”. In life skills based education. Students spend most of the day at school so teachers can play a great role in imbibing and inculcating the correct and healthy life skills in their students.

BESE-066 ADOLESCENCE AND FAMILY EDUCATION

Block 1 Adolescence

- Unit 1 Understanding the Adolescent (Physical, Cognitive and Social Development)
 - Unit 2 Behavioural Pattern of Adolescents
 - Unit 3 Common Concerns of Adolescents
 - Unit 4 Role and Function of Teachers and School for Guiding Adolescents
-

Block 2 Life Skills Based Education and Objectives

- Unit 5 Basic Concept and Objectives of Life Skills Education
 - Unit 6 Sexual Health Education
 - Unit 7 Sex, Gender and Sexuality
 - Unit 8 Core Life Skills
 - Unit 9 Role, Functions and Responsibility of Teachers
-

Block 3 Family Life Education

- Unit 10 Concept of Family in Indian Context
 - Unit 11 Family Life Education - Concept and Importance
 - Unit 12 Role of Home, School and Religion
 - Unit 13 Building and Sustaining Family Relationships
-

Block 4 Capacity Building

- Unit 14 Value-based Interventions in Schools for Adolescent and Family Health
 - Unit 15 Value-based Interventions in Teacher Education Institutions
 - Unit 16 Health and Hygiene Programmes in School
 - Unit 17 Dealing with Situations of Co-education in Schools
-

UNIT 5 BASIC CONCEPT AND OBJECTIVES OF LIFE SKILLS EDUCATION

Structure

- 5.1 Introduction
- 5.2 Objectives
- 5.3 Inherent and Acquired Life Skills
- 5.4 Concept and Meaning of Life Skills Education
- 5.5 Life Skills in the Context of HIV/AIDS and Adolescent Education
- 5.6 Life Skills in the Context of HIV/AIDS and Sexual Health Education
- 5.7 Useful Life Skills for Helping Professionals
- 5.8 Let Us Sum Up
- 5.9 Unit-end Exercises
- 5.10 Suggested Readings
- 5.11 Answers to Check Your Progress

5.1 INTRODUCTION

The unit on life skills has been discussed in the context of HIV and AIDS prevention and adolescent education. Life skills education is necessary for each individual and in particular the young people due to the fact that they form the largest numbers who are affected by the pandemic: HIV and AIDS. Youth of today are confronted with situations that require knowledge and skills for preventive action and for enhancing their self-esteem as they are constantly under strong peer pressure to indulge in high-risk behaviours such as substance abuse and pre-marital sex. Today's youth have not known a world without HIV/AIDS. In recent times there has been a growing focus on life skills and teaching of life skills to the youth. Life skills provide skills for prevention of undesirable behaviours and delay active sexual life before marriage. They provide knowledge for decision making in the area of HIV/AIDS prevention, which are much needed. It is important that such information reaches the youth because of the vulnerability of their age and the wrong messages often portrayed by the media. There has been an increase in the numbers of young people who indulge in smoking who further graduate to substance abuse. Under the influence of such intoxicants, the youth tend to indulge in risky behaviour giving rise to unwanted activities including criminal acts. However, teaching life skills to the youth have met with obstacles due to the limited understanding of life skills by the educators and trainers of trainees (ToTs). Ever since HIV/AIDS was first diagnosed in India, there have been conflicting views and different schools of thoughts have emerged especially in the area of emotional relationships. In fact, many of the HIV/AIDS prevention programmes designed for young people are within the framework of life skills.

It is estimated that in 2006 about 5.21 million persons are infected by HIV/AIDS

in India which makes this country the second nation with the largest number of HIV infected people in the world. The aim of life skills education is to make the person aware of the environment around him/her and educate him/her about certain skills, which he/she may be able to use while confronting challenging situations. Once the person masters the skills he/she can use the same in different situations, which would help in the reduction of the risk of getting infected with HIV.

5.2 OBJECTIVES

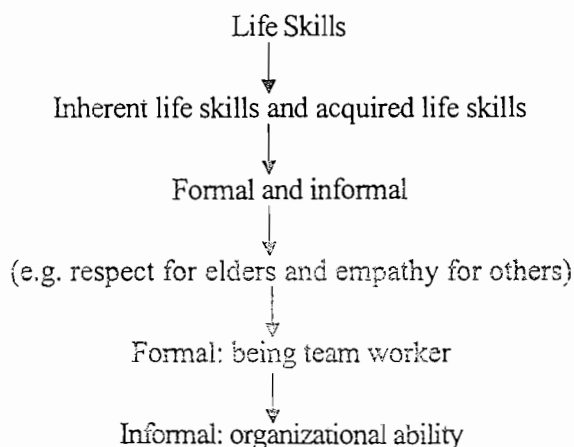
In this unit you will learn about the concept of life skills. Though there is no precise definition of what exactly is a life skill, the explanation provided within the unit along with a list of life skills will help you to get a fair idea about what life skills are. After going through the text you will be able to:

- understand concept of life skills education;
- understand common life skills suggested for young people;
- define life skills suggested for helping professionals;
- explain strategies for life-skills education.

5.3 INHERENT AND ACQUIRED LIFE SKILLS

Most life skills are inherent while, one can acquire some life skills through education, training and practice. The inherent life skills, as the name suggests, are those life skills that a person inherits by birth. They are respect for elders, obedience to parents, concern for the siblings and immediate relatives, to name a few. The inherent life skills mould the individual and enable one to face the challenges which life has to offer as well as to adjust one-self to situations.

The acquired life skills are those that are taught to a person or which have been imbibed from others over a period of time, for example non-judgmental attitude, controlled emotional involvement etc. The acquired life skills are further broken down to formal and informal life skills. The formal acquired life skills are the ones that a person has learnt from training/grooming school etc. for example, communication skills, being a team member etc. The informal acquired life skills are those that a person has acquired through the various stages of life and from the constant contact with different people. One observes others and imbibes certain good behaviours. For example, the ability to organize a party/seminar/conference/ get together, handle administrative aspects at the place of work etc.



For life skills to be effective, it is necessary to teach it in a participatory environment and also include generic skills such as communication, ability to listen, empathy etc. People have a pre-conceived mindset about various issues. Sex and sexuality for example, are considered taboo subjects. Discussion on such topics often cause embarrassment to the teacher and the taught. The introduction of the terminology "life skills" is an attempt to reduce the embarrassment of the teachers and the learners. It should be understood that life skills as a method of increasing awareness through interaction among the people will not be effective in isolation. It should be complimented by the national policy, incorporated by the health services and which should also have community participation as well as support from the media. It is a question of using every possible opportunity in order to help the youth for their total development. They should be equipped with the skills, knowledge, attitude and behaviours that will enable them to negotiate a safer path through life in this era of media explosion, consumerism and liberalization.

5.4 CONCEPT AND MEANING OF LIFE SKILLS EDUCATION

One cannot deny the vital link between the physical, cognitive, psycho-social and psycho-sexual conditions in order to bring about quality education. A balanced approach has to be adopted that can pay attention to these conditions which will lead the people to plan and meet the challenges of professional and personal responsibilities. This balanced approach can be met with the help of the life skills based education.

What exactly is life skills education?

There is no precise definition for life skills. However, different agencies have tried to define life skills according to their own understanding. In 1999 Department of Mental Health, WHO defined life skills education 'as a design to facilitate the practice and re-information of psycho-socio skills in a culturally and developmentally appropriate way, it contributes to the promotion of personal and social development, the prevention of health and social problems and the protection of Human Rights'. In a two-day Life Skills Workshop organized by Remedia Trust which was supported by UNESCO, the participants accepted the following two definitions for life skills:

1. 'Life skills are abilities for adoptive and positive behaviour'.
2. 'Life skills refer to the ability to maintain the state of mental and physical well-being while interacting with others within the local culture and environment'.

Much like the definition, there is also no definite list of the life skills. This means that life skills will vary according to the conditions and situations of a person for example, negotiation/refusal skills may be given more emphasis in an area where HIV and AIDS is more prevalent and stress management skills may be taught in a conflict-oriented area. Many skills are nevertheless used simultaneously in practice. The interrelationship between the skills, result in the personality development of the individual and more so if it is supported by the national policy, media and the health services of a country. For example, a person may show the skills of empathy for people living with HIV and AIDS and uses the advocacy skills to express his/her concern. The expression of the concerns will be more effective if there is community participation. This community participation can be brought about through the medium of a particular skill.

Purpose and Context

The purpose of the life skills in the context of the present discussion is to improve the standard of life of the individual and in particular of the people living with HIV and AIDS as well as those who are affected by it. Life skills education helps in understanding one's own role with the changing societal structure and functions. Life skills education aims at a comprehensive behaviour change approach, which will enable the individual to develop the skills which are needed to face the complex world. These skills include communication, decision-making, critical thinking, controlling emotions, resisting peer pressures, establishing relationships etc. They also address important issues and spread awareness among young people and guide them towards imbibing new values. Life skills education is not concentrated on providing information only. It also helps the individual to help oneself so that a person is able to make use of all the necessary information and knowledge related to HIV and AIDS and other issues of concern thereby enabling him/her to live a life without fear. The application of life skills may also overlap depending upon different situations.

Life skills education is being promoted mainly among the youth partly due to the perceived limitation of information about HIV and AIDS and related issues. Past experiences show that life skills education has enabled the youth to a great extent to understand themselves. They become aware about the issues/activities taking place in and around them and within their peer group.

Categories of Life Skills

The following life skills include the psycho-social and interpersonal skills which are generally considered important.

- **Interpersonal communication skills:** These skills enable a person to express feelings and give feedback and receive feedback. Moreover, the person learns to be a good listener.
- **Negotiation/refusal skills:** These skills allow a person to assert himself/herself in a situation, which he/she feels, is not conducive for him/her. It also enables a person to refuse peer pressures for activities that are morally wrong.
- **Empathy:** Through this skill an individual develops the ability to listen to and understand other's needs and behaviour in a particular situation and is able to express that understanding.
- **Advocacy skills:** This enables the individual to have influence on others and present the cause that one perceives as right. Through these skills the individual can motivate people and work towards the fight for a just cause.
- **Decision-making/problem-solving:** These skills enable a person to gather vital information on important issues and evaluate the further consequences of the present actions for self and others. The individual, when faced with a problem situation is able to find alternative solutions.
- **Critical thinking skills:** These skills enable the individual to analyse the situation occurring in and around him/her and the factors affecting the change. The individual is able to take a conscious decision based on his/her understanding rather than the one presented to him/her.

- **Coping and self-management skills:** These skills help to build the confidence of the individual and further develop his/her awareness regarding rights, values etc. It also enables the individual to manage his/her anger and other emotions and cope with loss, anxiety etc. These skills also help the individual to manage one's own time and reflect positive thinking.

Skills adopted by Utah State Board of Education

Apart from the above list of skills, the skills adopted by the Utah State Board of Education in 1996 are given below. Minor changes of the same by formatting were made in 2001. These skills mainly focus on personality development.

Life long learning skill: The attributes of this skill are:

- *Initiate own learning*
- *Achieve high standards of literacy*
- *Manage information*
- *Demonstrate aesthetic awareness*

Complex thinking skill: The attributes of this skill are:

- *Demonstrate a variety of thinking processes*
- *Integrate new information with existing knowledge and experience*
- *Apply thinking skills strategically*

Effective communication skill: The attributes of this skill are :

- *Use appropriate methods to communicate with others*
- *Respond appropriately when receiving communication*

Collaboration skills: The attributes of this skills are:

- *Understand and serve in a variety of roles*
- *Facilitate group effectively*
- *Facilitate group effectively*
- *Use resources effectively*
- *Work with a vareity of populations*
- *Respond appropriately to complex interrelationships*

Responsible citizen skill: The attributes of this skill are :

- *Demonstrate individual responsibility*
- *Practice a healthy lifestyle*

**Life Skills Based
Education and
Objectives**

- *Understand and promote the democratic principles of freedom, justice and equality*
- *Participate in activities that promote public good*

Employability skills: The attributes of these skills are:

- *Plan for careers*
- *Assume responsibility for professional growth*
- *Function effectively within the system*

Check Your Progress

Notes :a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. What are the categories of life skills?

.....

.....

.....

5.5 LIFE SKILLS IN THE CONTEXT OF HIV/ AIDS AND ADOLESCENT EDUCATION

UN on Life Skills

Life Skills education in the context of HIV and AIDS and Adolescent Education should be designed around the following concept (UNESCO, 2001)

- AIDS is a problem and we have the power to do something about it.
- HIV attacks our immune system and we should do all we can to strengthen our immune system.
- It is known and clear how HIV is transmitted.
- Early treatment of other STDs can dramatically reduce the risk of infection with HIV.
- Women are especially vulnerable to HIV infection and need information and skills to protect themselves and their children from infection.
- There are simple and effective ways for everyone to prevent HIV infection.
- The time it takes for HIV to lead to AIDS can vary greatly and our health behaviour can affect that time period.
- There is no cure for AIDS but there are many treatments available.
- Protecting the human rights of people living with HIV and AIDS not only helps them

to live positive and productive lives but also helps to prevent HIV transmission in our community.

- Knowledge, attitudes and skills, need to be used together to help us practice behaviour that reduces risks for HIV and leads us to a healthier life.

It is now a commonly known fact that life skills education directly and indirectly results in the prevention of HIV and AIDS. However, many communities are still unsure about the importance of life skills education for the youth. This prioritization was clearly demonstrated in article 53 of the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) declaration:

“By 2005, ensure that at least 90 percent and by 2010 at least 95 percent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, educators and health care providers”.

HIV and Life Skills Education

Due to the relevance of life skills education in bringing about HIV prevention among the young people, education agencies need to take up life skills education as a matter of concern and should not be hesitant to incorporate life skills education in the curriculum. In fact, they should take it up as their responsibility. The need of the hour is to develop a strategy that frames the development/improvement of life skills as an educational process. Now, the understanding of life skills education has moved ahead whereby it has come to mean that nearly all skills based education results in the overall development of the individual. Life skills stress on the importance of risk perception. It allows an individual to analyse the situation and the future consequences of his/her actions. It poses a threat to him/her or others, he/she can take decision accordingly, to counter the same. Here, the definition of ‘risk’ may vary from people to people. In order to facilitate the proper use of life skills education for the prevention of HIV and AIDS one must understand and accept the youth as they are. In the same way, if we are able to tackle issues of poverty, gender inequality, marginalisation, unemployment etc. it may be easier to bring about the winds of change as these issues are more or less the root causes of problems faced by many young people. The understanding of HIV and AIDS as a developmental issue has gained momentum as more and more youth are caught in its web. If we are able to infuse the youth with the need to bring about change in the communities for the holistic development of the nation, then facilitating programmes for the prevention of HIV and AIDS through life skills based education will no longer be difficult. Life skills should also be taught to the youth in relation to the sexual health education. Sexual health education cannot be separated from the life skills education. It is an integral part of it.

Sexuality and Life Skills Education

Sexuality is one of the most important aspects of life. Sexuality permeates the psychological and spiritual areas of a person's life. At times it may become difficult for a person to come to terms with his/her sexual preferences. He/she may want to seek guidance but may not know where to go for help. It is important to note that the attitude of the young people will determine their future growth and their usefulness as members of the society. Hence, it is the need of the hour to provide accurate and

complete information about matters concerning sex and sexuality through life skills based education to the young people before it is too late. This will help them to become responsible citizens and to lead a healthy life. 'Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, eroticism, pleasure, intimacy, bonding and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.' (WHO, 2002)

5.6 LIFE SKILLS IN THE CONTEXT OF HIV/ AIDS AND SEXUAL HEALTH EDUCATION

In the context of HIV/AIDS and Sexual Health Education the following life skills have been promoted:

i) Decision-making

Decision-making can be defined as the ability of a person to be able to decide what he/she wants in life. This skill enables the individual to gather information about issues and decide for him/her self what is right for him/her as he/she will be able to evaluate the future consequences of his/her own action. This skill helps the individual to find out alternate solution to several related problems.

Rahul was 19 years old. He was good in studies and was very active in sports. His parents were able to provide him with whatever he needed. However, he got into 'bad company' and he became addicted to drugs. Earlier he began taking drugs for fun but now he cannot live without drugs. Rahul's friends, who were also addicts, pressurized him to share needles for injecting the drugs. However, he refused them because in one of his rehabilitation sessions conducted by an NGO where he went for counseling, he was informed that sharing needles could lead to HIV infection for which there is no cure. This decision of not sharing needles for injecting drugs saved Rahul's life while some of his friends got infected with HIV virus by sharing needles.

Sanjay is a gay. He was careful in disclosing his sexual preference to people that mattered. He was confused and so he remained silent for a long period and hid the fact from his parents. Now, his parents are forcing him to marry. He feels that he will not be happy and will be spoiling two lives if he relented to his parent's wishes. He decided to tell his parents the fact about his sexuality and so after much effort Sanjay disclosed his sexual preference to his parents. His parents were appalled and did not know how to react. After some months of waiting, Sanjay's parents decided not to force him to get married to a woman against his will. If Sanjay did not have the courage to face his parents with the facts he would have been in a miserable state of mind.

ii) Negotiation

Negotiation can be defined as the ability of a person to assert his/her position in an uncomfortable situation and be able to refuse what he/she deems wrong. This skill will thus enable the individual to negotiate with him/her self that what he/she is doing is good or bad? Negotiation can also be understood more in terms of analyzing what one wants and how one aims at achieving it.

A father and his young son went to a dentist for their periodic check up in a dental clinic. The dentist had degrees from the USA and was practicing for more than 10 years. First, it was the young boy's turn for the check up. When the doctor was starting to do the treatment as usual, suddenly the boy's father intervened and asked the dentist if the tools were sterilized. The dentist was nonchalant and continued to do his work at which the father of the boy demanded for the tools to be sterilized as it is for the safety of his son. The dentist after much coaxing sterilized the tools and continued with the treatment. Had the father not intervened at the right moment, anything could have happened. This act required courage and negotiation skill.

iii) Empathy

Empathy is the ability to listen to another's needs and understand the circumstances and expressing that understanding for the benefit of others. This skill will help reduce the animosity that exists among different individuals and increase respect for one another.

Hari Ram was a constable working with the armed forces. While going back home during his vacation the train on which he was traveling got delayed. He and the rest of the passengers had to wait on the platform for the night. One of his friends suggested that they go and spend the night in the near by red light area. After much persuasion, Hari Ram and his friend visited the red light area and had sex with a sex worker without using any safer methods. Life continued normally for Hari Ram. He did not disclose this to his wife. After 6 months his life changed. In a routine check up in his work place Hari Ram was detected as carrying the HIV virus. When his HIV status was disclosed, he was dismissed from his job. Now he does not want to go back to his hometown as the villagers will not accept him if they come to know about his status. He has two unmarried sisters and they will never be able to get married, he insists. Then with his problem he went to one of the NGO's working with HIV/AIDS patients where he narrated his story. He was given a good counselling by the organization and even offered a job within the organization. Hari Ram was a good worker and carried out his work diligently. However, since his was a case of full blown AIDS he died after two years of being diagnosed with the virus. The NGO functionaries were empathic towards him.

Siddhart is pursuing his management course in the USA. He is involved in a serious relationship with Lucy, a US citizen with whom he plans to settle down. However, his parents are not welcoming the idea whereas Lucy's parents accepted their relationship and do not have a problem regarding their future plans. Siddhart's grand father explained that for the happiness of their only son the parents should not be too harsh on him. He argued that when Lucy's parents have accepted their relationship, they too should understand Siddhart and his choice. He also emphasized the fact that today's generation should be allowed to choose their own life partners because, choosing partner with whom they are not comfortable or who will not be able to share in their work will only lead to more complications in marital life. He also explained that they should have a positive approach towards the decision taken by Siddhart as he will always remain their son and he will not stop caring for them even after marriage. Siddhart and Lucy are now married and staying with Siddhart's parents in India.

iv) Critical thinking

Critical thinking allows an individual to evaluate and evaluate events and situations

that takes place and influences that affect his/her thoughts and actions. The individual is also able to analyse the information received and the authenticity of it for him/her self. In schools sex education is demanded by the principals for the senior classes as they are entering the adolescent stage.

Sangeeta's uncle keeps on fondling her whenever he goes to her house. Sangeeta used to be embarrassed and confused as to what kind of affection was being showered upon her by her uncle. She was not comfortable with the fondling. Then Sangeeta assessed the way she was being fondled and thought about it. Then she realized that she was being physically abused by her own uncle. Sangeeta told this to her mother. Her mother explained to her about the fact that she is growing up to be a woman. Therefore, it is safe to avoid male company, especially when alone. Sangeeta understood the seriousness of the matter and since then became more careful while interacting with people of the opposite sex including her uncle.

v) Advocacy

Advocacy is the ability to influence others for the benefit of the general masses and also persuade people to take up good causes to promote harmony. This skill will also enable the individual to network with organizations and government bodies and motivate them to take up issues that are genuine and for common good.

Raj has been working with XYX company for more than 10 years. He even received the 'best employee of the year' award for his efficiency. When he became infected with HIV/AIDS the information was leaked to his boss. This resulted in him being dismissed from service. Raj fruitlessly struggled for a long time and demanded his right to be reinstated in the company. One day he met a lawyer working for the cause of people living with HIV and AIDS. Raj's case was difficult as his own colleagues in the office refused to work with him. The welfare officer of XYX began to create awareness about how people get infected with HIV. This process took quite sometime. Finally, other employees came around and accepted Raj inspite of his HIV status. Now Raj is back in XYX and working with the same old friends. This was possible due to the intervention of an active lawyer and the welfare officer who had the advocacy skill to put forward the pain the struggle of the people living with HIV and AIDS.

Women in general and their reproductive health in particular was not a topic of serious consideration by the policy makers few years back. After much effort from the women's right wing and the involvement of number of NGOs and activists, care is being given now by policy makers both in government and non-government bodies. If no one had raised voices, then this issue of women, who are the care providers and care givers since generations would have remained unattended.

vi) Interpersonal Communication

Interpersonal communication will enhance the verbal and non-verbal communication skill of the individual whereby furthering his/her ability to listen to others as well as to express his/her feelings. This skill will also lead to a more face-to-face interaction between individuals. One acquires communication skills from birth. However, due to variations in personality traits, much of the skills are to be developed in which people will have to put in extra effort.

In disseminating information regarding HIV and AIDS, communication is the medium.

With modern technology, teaching and learning pertaining to various issues can be held even through open and distance learning. However, pasting posters in the classrooms or in the rooms of the children, making them prepare for an exhibition on a particular issue will help them to acquire more information on the issue as enough research would have been done on their own by them.

Across the globe 'sex' is a taboo subject to be discussed in any forum. With the advent of HIV and AIDS, it is more important to provide information about sex and sexuality. The teachers, trainers of trainees, NGO's etc, are requested time and again by the policy makers to teach/ spread information about various aspects of sex and sexuality and HIV/AIDS. Given the present scenario, lots of efforts are on to spread information about sex and sexuality and HIV/AIDS. But there is still lot of resistance among people from various walks of life. As a result new terminologies came up. National AIDS Control Organisation (NACO), United Nations Development Fund for Women (UNIFEM), National Council of Education Research and Training (NCERT) etc, have suggested the promotion of Life Skills Education in which the content matter of sexual health education, family life education are embedded into school curriculum along with issues associated with HIV and AIDS. The terminology of life skills education is more palatable and have in recent times gained acceptance from the schools and colleges and even the parents. The objective of having such terminologies is to spread awareness among the people and to educate them for a healthy and safe life. This is an example to show how skills in communication, using palatable and pleasant terminologies can be effective.

vii) Coping

Coping is the ability to manage one's emotions like anger and be able to deal with any loss or grief. The individual will be able to cope with the every day stress of this complex world by bringing in positive energy within him/her self, which will also result in better productivity in the work place. Coping is an essential life skill to manage one's personal affairs in different situations.

Sabina had been offered a position in her husband's office after his death. Initially, she was reluctant to join as the office will remind her about her husband in more ways than one. However, after much thoughts she realized that she has to earn for the livelihood of her family members and not get affected by emotions. She had to manage and cope with the situation in the absence of her husband.

Dines has been living with HIV/AIDS for the past two years. His wife is looking after him, their two children and also takes on the family responsibility. She goes to work but people are not willing to work with her as they know that her husband is an AIDS patient. They also suspected her of carrying HIV. In the marketplace also she face a lots of problems. But she does not lose courage and carries on with her work.

viii) Self-management skills

Self-management is the ability of a person to be aware about oneself and in turn, manage life according to ones potentials. Individuals tend to be caught in the web of problems most of the time because they are not able to manage themselves. This skill will enable them to develop a perspective about themselves, thereby leading to awareness about self which will further instill in them the feeling of confidence and

raise their level of self esteem. Such a skill will help them to assess and monitor their action and thoughts by themselves.

Sarita is a school teacher married to an engineer. After 6 months of marriage, her husband was taken ill. He does not seem to recover inspite of being given the most expensive medication. Sarita was shocked when she was told that her husband has contracted HIV. Only then did he confess to her about his frequent visits to a sex worker before marriage. Her husband died in the year 1997. She was blamed by her in-laws as the cause of his death. Her life was miserable. Sarita's life was shattered when she was informed that she too tested positive for HIV. She did not know what to do. Then, she made a visit to an NGO working with people living with HIV/AIDS. They provided her with a job as she was dismissed from her previous job when her status as HIV positive was known. Now Sarita attends workshops and seminars and advocates for the cause of people living with HIV/AIDS. During one such workshop she made a presentation based on her life story. It moved each and every member present there. Fortunately, the Director of a leading donor agency heard her presentation and offered her a better job with a better pay package and position outside her hometown. In order to escape the ill-treatment of her in-laws and the villagers, she took up the job outside her hometown and is now living comfortably. She is staying with her younger brother who is continuing his further studies. Sarita is bearing the expenses for his education also Now, she is managing her self, her illness and even her brother.

Adolescents who stay away from home for educational purposes are solely responsible for their own health and hygiene. They have to manage on their own in terms of their study, cleanliness, food habits etc. Especially young girls entering puberty have to be extra careful about their hygiene. In the absence of their mothers, they do not get proper information, guidance, etc, about the menstrual cycle and how to deal with it. Nevertheless, they have to manage themselves and, in turn, become responsible citizens of the nation.

ix) Co-operation and team-work

Co-operation and teamwork is the ability to work in groups and respect each other's opinion and views. This will also enable the individual to assess his/her own ability and the contribution he/she can make to the group. Without the help and support of different individuals having different ideologies, it may become difficult to involve in a project. Group effort will always yield better results than individual effort.

In order to prevent any epidemic, no single effort is ever successful. Similarly, for the prevention of HIV/AIDS there should be initiative from the people from every walk of life. Only then HIV/AIDS prevention will become successful.

Regarding awareness about sexual health among the young people we also need co-operation of one and all to make the programme reach all the young people. In particular, we need the support and co-operation of schools, parents, religious institutions and leaders etc.

x) Responsible citizenship

Responsible citizenship skill will enable the individual to participate in the local affairs of the community as well as the nation thereby having his/her share in the promotion

of the public good. This skill will make the individual understand how his/her actions affect the self, family as well as nation.

People who are living with HIV/AIDS should lead a healthy lifestyle and protect themselves against any other diseases. They should also be careful in their behaviour to avoid further spread of the infection to people with whom they come into contact with.

Sex determination tests should be avoided and this practice should not be supported as this will only lead to the abortion of the female fetuses (in most cases). As responsible citizens we should accept a child whether it is a male or a female and not go in for abortion. Abortion can complicate the mother's life as well as lead to the decline in the country's sex ratio.

5.7 USEFUL LIFE SKILLS FOR HELPING PROFESSIONALS

Apart from the above discussed life skills, it is also important and beneficial for helping professional to acquaint oneself with some of the skills used by people involved in helping those in distress. This will enable one to look at the problems of life from a different perspective as well as deal with the problem situation thereby making oneself a more responsible citizen. These skills are also relevant in dealing with issues pertaining to HIV/AIDS and sex and sexuality by teachers and ToTs.

Skills of confidentiality

Confidentiality has been defined by the International Organization for Standardization (ISO) as "ensuring that information is accessible only to those authorized to have access" and is one of the corner stones of information security (wikipedia, the free encyclopaedia). A friend, health care provider, teacher, doctor, advocate and a counsellor should always practice the skill of confidentiality especially when dealing with the case of HIV and AIDS and sexual health education. An individual may disclose many of his/her secrets and private matters to the counsellor. These matters should be treated as confidential to any extent possible. In other words, the individual must have a firm faith the facts disclosed by him/her will remain confidential. Disclosure of such matters can complicate and give rise to many other problems. However, certain facts may have to be disclosed in order to protect the life of an individual. For example, if an HIV infected person does not want to disclose the HIV status to the spouse and want to continue sex, it is for the counsellor to make him/her understand the risk involved. In order to protect the life of the spouse, the counsellor may have to disclose the status as an exceptional case on humanitarian grounds while keeping the client informed about the intention.

Skill of acceptance

It is important that the teacher/health care provider or helping professional accepts his/her client along with one's strengths and weaknesses. This will also help the client to accept the helping professional.

Acceptance does not require that change is possible or even conceivable nor does it require that the situation be desired or approved by those accepting it. Indeed, acceptance is often suggested when a situation is both disliked and unchangeable, or

when change may be possible only at great cost or risk (wikipedia, the free encyclopedia). Individuals must be accepted without any form of discrimination with regards to HIV/AIDS, lifestyles etc. and sexual health education. In terms of sexuality, an individual must be accepted with his/her choice of sexuality or his/her view towards sexual health with non-judgment attitude. The skill of acceptance is based on the basic assumption of humanitarianism. It is implied that we must perceive a knowledge, receive and establish a relationship with the individual suffering from HIV/AIDS or have alternate sexual preference as he/she actually is, and not as how we wish or think he/she should be. This skill will enable the worker to gain the confidence of the client which could eventually lead to problem solving process.

Skill of individualization

Problems are different for each individual and therefore, also the capacity of each individual in dealing with them is also different. The skill of individualization relates itself to each individual. It seeks to help/support each person involved in a problem of a unique nature.

The skill of **individualization** argues that we are in the midst of a fundamental change in the nature of society and politics. Individualization is an unavoidable and necessary intermediate phase on the way to new form of social life. Discriminating the individual from the generic group or species is not a healthy practice. All the people living with HIV/AIDS or facing sexual health problems, need not face similar problems. Similarly, the answers to their problems also will not be the same.

Skill of self-awareness

Self-awareness is the ability to perceive one's existence, including one's own traits, feelings, behaviour, problems and their causes. In an epistemological sense, self-awareness is the personal understanding of the very core of one's own identity. It is the basis for many other human traits including accountability and consciousness. The skill of self-awareness can be perceived as a trait that people possess to varying degrees. Each and every individual is a product of a particular environment having own emotions, attitudes, beliefs etc. Thus, when dealing with people living with HIV/AIDS or with those having sex related problems, it is important to be aware about our own convictions and limitations and the extent to which the client can be dealt with. The skill of self-awareness provides practical help while dealing with complicated issues and problems. In short, the counsellor should be conscious of his/her limitations while helping the client to understand the same.

Skill of purposeful expression of feelings

One of the greatest challenges in human living is to keep emotions in order and under control. If the basic psychological needs are deprived of expressions, frustrations result, which may lead to unhealthy environment. This skill of purposeful expression of feelings recognizes the individual's need to express his/her feelings freely, whether negative or positive. Thus, when people living with HIV/AIDS and those having sex related problems, express their feelings, it is important for the helping professional to understand the same in the right spirit. For example, if a client breaks down during the process of counselling, the professional must allow the client to ease out his/her emotions rather than preventing him/her from expressing the same.

Skill of purposeful participation

Basic Concept and Objectives of Life Skills Education

The skill of purposeful participation in problem solving process will differ from person to person depending on their Personality traits. Participation skill involves individual action through which the person who comes up with an idea presents it for approval and then implements it. The magic of participation is to generate an abundance of creative ideas through sharing, discussion, and brainstorming in order to create a continuous stream of improvements. When dealing with people living with HIV/AIDS and those having sexual health problems or unable to deal with their sexuality, it is important that they are motivated to participate in the various activities, discussions etc, in order to remove their negative perceptions about themselves.

Skill of motivation

Skill of motivation is very important for a client. Client should be helped by the helping professional to understand one's own problem and to initiate necessary intervention with which one is more comfortable and convinced. Here, the helping professional is a facilitator. The client will be responsible for the success or failure of his/her decision. Therefore, the client is motivated to gain courage for self-determination.

Self determination involves the ability of an individual to determine one's own affairs. It is a human motivation concerned with the development and functioning of personality within social contexts. It also acknowledges the right and need of the individual to have freedom to make his/her choice and decide the treatment process. This skill is beneficial for people living with HIV and AIDS or those uncomfortable with their sexuality or have sexual health related problems.

Controlled emotional involvement

This skill is very important in the context of HIV/AIDS and sex and sexuality. It is natural for a concerned helping professional to go out of one's way to help his/her client. It is necessary for the helping professional to understand one's limitations and act accordingly. Everyone cannot become emotionally involved while dealing with the problem solving process. Therefore, the helping professional must learn to control his/her emotions such as frustration, irritation, sympathy etc.

Skill of avoiding transference and counter transference

It is possible that a client may see the counsellor as his/her parents, brother, sister, etc., during the problem solving process. This tendency we call "transference". Similarly, the counsellor also may lose balance and look at the client as his/her son, daughter, companion, father, mother etc. This we call "counter-transference". It is essential for the helping professional to avoid counter transference and help the client in avoiding transference.

Life skills education has to be made more participatory among the individuals because in a non-participatory environment, learning life skills will have less impact. Moreover, it should be known that life skills education will not be consistent all over. Changes will have to be made in order to suit the audience. This means that a particular life skill, say advocacy, taught in the USA might not be of any relevance in the Somalia region of Africa where every day people are dying of hunger. Here, the coping life skills will be more effective. It is thus important that the future programmes and

interventions involving life skills education should take the realities of life of the youth of the entire nation with their different complexities to enable them to deal with it. When life skills education is being promoted it should be kept in mind that all individuals who are at risk should have the facilities to have access to life skills education. The participation of the community in regards to information, education and communication will further boost the effectiveness of the skills.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

2. List some of the Life skills useful for helping professionals.

.....
.....
.....

5.8 LET US SUM UP

In this unit, life skills have been discussed. There is no definite definition of life skills education. According to UNESCO, "life skills are abilities for adoptive and positive behaviour". Life skills education has resulted in the reduction of HIV/AIDS infection among the youth in many societies. There is no definite list of life skills. However, the most commonly mentioned Life-skills are empathy, interpersonal relationship, decision-making, critical thinking, advocacy, negotiation, coping and self-management.

Helping professionals also should have certain life skills such as skill of confidentiality, acceptance, individualization, self-awareness, purposeful expression of feelings, participation, motivation, controlled emotional involvement and skill of avoiding transference and counter transference.

Life skills cannot be taught in isolation and has to be made participatory. Apart from having community participation, life skills education should also be supported by the media, be it print or visual so that it reaches the general masses and bring about positive change within the society.

Life skills need to be taught to the people living with HIV/AIDS and to those who are indulging in risky behaviour, as it will enable them to have an insight about themselves and motivate them to take up decision for themselves. Life skills education has proved to be beneficial in the HIV/AIDS prevention. Life skills based on education have gained momentum in many parts of the world and it aims to bring about behaviour change among the people of all communities.

5.9 UNIT-END EXERCISES

1. As a teacher, how will you advice a student who has recently come to know that a member of his family is HIV positive?
2. In your view, which life skills should be possessed by a teacher who is guiding adolescents in a classroom?

5.10 SUGGESTED READINGS

Thomas, Gracious (2006): *Life Skills Education and Curriculum*, Shipra Publications: New Delhi.

INC/UNESCO (2001): *Life Skills in Non-Formal Education: A Review*, INC/UNESCO: New Delhi.

NACO, UNICEF, DOE (MHRD): *Life Skills Modules, Adolescence Education Programme*.

5.11 ANSWERS TO CHECK YOUR PROGRESS

1. The categories of life skills are:
 - Interpersonal communication skills
 - Negotiation/refusal skills
 - Empathy
 - Advocacy skills
 - Decision-making/problem-solving
 - Critical thinking skills
 - Coping and self-management skills.
2. Some of the life skills useful for helping professionals include:
 - i) Skills of confidentiality
 - ii) Skill of acceptance
 - iii) Skill of individualization
 - iv) Skill of self-awareness
 - v) Skill of purposeful expression of feelings
 - vi) Skill of purposeful participation
 - vii) Skill of motivation
 - viii) Controlled emotional involvement
 - ix) Skill of avoiding transference and counter transference

UNIT 6 SEXUAL HEALTH EDUCATION

Structure

- 6.1 Introduction
- 6.2 Objectives
- 6.3 Conceptual Framework of Sexual Health Education
- 6.4 Importance of Sexual Health Education
- 6.5 Sexual Health Education in the Family
- 6.6 Let Us Sum Up
- 6.7 Unit-end Exercises
- 6.8 Suggested Readings
- 6.9 Answers to Check Your Progress

6.1 INTRODUCTION

Sexuality is one of the most important aspects of life. It permeates the psychological and spiritual areas of a person's life. One of the sad lessons of human history is that sexuality which should have brightened and cheered up lives of people, often becomes, instead, a curse. We often see people's lives being disoriented because of their inability to deal with sexuality meaningfully. A person's relationships with others are disrupted and distorted because of the inability to exercise sexuality honestly and meaningfully. If not understood and exercised properly, sexuality, which plays a decisive role in the formation of a family, can destroy families, and the intimate relationship that should exist between members of a family. In this unit, you are introduced to a discussion on the need to understand the concept of sexuality and sexual health education in the context of adolescent education.

6.2 OBJECTIVES

After studying this unit, you should be able to:

- understand the conceptual framework of sexual health education;
- understand the importance of sexual health education;
- know the objectives of sexual health education;
- know the role of family on sexual health education.

6.3 CONCEPTUAL FRAMEWORK OF SEXUAL HEALTH EDUCATION

Sexual health education is an educational programme designed to provide learners with adequate and accurate knowledge about human sexuality in its biological, psychological, socio-cultural and moral dimensions. It focuses largely, on the individual's self-awareness, personal relationships, sexual development, reproduction and sexual

behaviour. Human sexuality is the core of sex education. It is the function of the total personality which includes the human reproductive system and its functioning, attitudes towards women or a man and the relationships among the members of the same sex and the opposite sex.

Concerns

It is natural for young people to become concerned about their physical appearance. Some may feel that they are too tall or too short in comparison to their friends. Some others may tend to think that they are unattractive and awkward and because of that they may not find acceptance among the peer group. An adolescent girl who matures early may feel self-conscious because her breasts are comparatively larger than those of her friends in the same age group. Similarly, an adolescent girl who matures late may become self-conscious for the opposite reason. A late maturing adolescent boy may find difficulty in making friends.

The concern that exists among young people about their speed of growth and appearance is common phenomenon. It is true that anything that makes them feel different may upset them. Although the process of change and growth taking place during the period of adolescence is a natural one, it does cause concern and draws attention. However, as the adolescents grow, such feelings fade away.

Body image refers to the way a person feels about his/her physical appearance. Although the size, shape, colour of skin, height and some other characteristics of the body are determined by heredity conditions, the appearance one gives to the images of one's body is, by and large, influenced by socio-cultural factors. Role models do cause an important impact on the concept of the body of an adolescent. Teenagers do feel concerned, if the shape and size of their body parts are not in consonance with their image of an ideal man or woman. Young people need to be made aware that an attractive personality does not depend only on physical appearance.

Components of sexual Adult Education

Following is a brief description of the main components of the sexual health education:

A) Physical Aspects

Among the usual topics taken up in reproduction in the Biology course in schools and colleges are the anatomy and physiology of the human reproductive system. Anatomy refers to the science of the structure of the human body and the inter-relations of their parts. In sexual health education the anatomy of the human reproductive system is an important field of study. Physiology of the reproductive systems refers to the study of the processes and mechanism by which parts of the reproductive system function. It is extremely important for boys and girls to know about their bodies and how they function. Misinformation or lack of complete information often results in unnecessary worries and may cause serious problems. For instance, many young girls without proper education about menstruation are shocked to find themselves bleeding at the initial stage of puberty. On the other hand, untutored young boys may be upset by their wet dreams. Wet dreams or seminal emissions are indications of the ability of a young man to cause conception, while the

onset of menstruation indicates that a young woman is capable of conceiving a child. In short, they are maturing into adulthood. Let us briefly discuss the sub-topics under the physical aspects as mentioned above.

i) Anatomy and Physiology of the Reproductive Systems

This apt identifies the various male and female reproductive organs and their functions. Adolescents need this information in order to understand the successive concepts concerning conception, pregnancy and contraception. Concept of menstrual cycle is also to be discussed.

ii) Physical, Emotional and Psychological Changes During Puberty

Puberty is a time for physical and emotional change. During puberty adolescents begin to become concerned about the physical changes they see in their bodies. Some may be developing at a slower pace while some other may grow at a faster rate than their friends. Some may be feeling awkward about their growth while some may become anxious over their bodily changes and may have conflicting feelings about becoming adult. Yet some others may feel proud and comfortable about their approach to maturity.

It is a time for adolescents to develop their esteem. Adolescence a period of high stress for many people. Young people are much concerned about their physical image and their relationships with their family friends. Their confusion, concern and anxiety affects their feeling of self worth. Behaviour matches self image. A young person with a positive, health self image will make positive, healthy choices. Efforts should be made to encourage self-awareness and self-acceptance among the adolescents during this period of drastic change.

iii) Conception, Pregnancy and Birth

This sub-theme is aimed at familiarizing you with basic knowledge concerning the physiological processes involved in conception, pregnancy and birth. It is very important that adolescents get proper education and guidance on the topics. In many countries adolescent pregnancy (or teenage pregnancy) is on the increase.

In several countries in Asia, early marriages are common. This is true for India as well. Young couples are urged to have children as early as possible. Early pregnancies do create a lot of health, social, and psychological risks. The younger the mother, the more serious the physical consequences of pregnancies. Complications in pregnancies and child birth are the leading cause of death among women aged between 15 and 19 years in developing countries. It is important to distinguish between younger and older adolescents when discussing the risks of pregnancies. Pregnant women of any age require good obstetric and antenatal care and nutrition. According to UNESCO package on sex education mortality rate among women who become pregnant before they are 15 is 60 percent higher than for women in general. Mothers under 15 are 3.5 times more likely to die.

Pregnancy and birth are areas of real concern for teenagers. Because of the health risks, they will be interested to know about pre-natal and post-natal care, pregnancy symptoms and testing, foetal growth and development and labour or delivery.

B) Social Aspects

This sub-section deals with the sociological and cultural aspects of human sexuality. It covers topics such as sexual behaviour, sexuality in childhood and adolescence, love, dating, relationship, adolescent pregnancy and moral code of ethics. Sexual adjustment is part of a person's total development into a mature individual.

Sexual maturity helps to bring out what is best, most generous, and most constructive in an individual's life. Sex is a basic drive upon which both race preservation and personal happiness depend. If sexuality does not evolve properly, the whole process of growth and development is likely to be affected negatively. Excessive sex repression tends to impair freedom and the functioning of an individual to the extent that mating and sexual satisfaction are not attained. On the other hand, too much sexual freedom can interfere with normal demonstrations of love and mating functions, to the degree that sexuality remains on an infantile level. Disturbances in sexual development can lead to personal and social mal-adjustments.

i) Sex Drive or Sexual feelings in childhood and adolescence

Sexual attitudes are formed from early childhood, although sexual urges and emotions do not become apparent until the age of puberty. During this period, many changes occur among young boys and girls. In the male, puberty begins with the appearance of nocturnal emissions or wet dreams. At about this time, a young man begins to experience a distinct sexual urge that is associated with his genitals. This heightened sexual excitability is likely to lead to masturbation. The sexual drive of young women, on the other hand, is less genital specific and she tends to associate sex with romantic situations.

This awakened sexual drive among the youth, particularly young men, creates a certain amount of restlessness because of which the youth are often considered by their elders as being different and difficult. These are the first indications towards the adolescent's development of an independent personality and existence which tend to be interpreted as an emotional withdrawal from home and family. During this stage lack of understanding on the part of elders and youngsters for each other is common.

ii) Emotional development

Teenage period (13 to 19) is often described as a period of great excitement and emotional turbulence. The physical changes that take place among people during this period may result in a sudden upsurge of sexual feeling. Experiences of sexual excitement may occur when they are nearer to people of the same sex and age. At this time they may not recognize that such emotions are sexual in nature. An increase in hormones can arouse sexual thoughts and excitement. However, due to social control such interests are not expressed in reality and this will lead them to day-dreaming. During the teenage period 'wet dreams' are common in many boys.

Emotional stress is a common phenomenon during adolescence due to the changes taking place with their bodies. Hormonal imbalance can cause irritation, restlessness, and tension. Young people need to be educated on such matters although most adolescents manage such changes and developments on their own. It is however, essential that authentic knowledge on the subject is provided to them along with proper guidance and support from parents, teachers and responsible elders in the family. It is, however, most important to offer a healthy emotional climate for young

people at home, in the school, as well as in the community where they can conveniently express their emotions.

iii) Personal identity

During adolescence every child tries to establish his/her own identity. The establishment of identity is a gradual process during this stage of development. It is possible that the physical and psychological changes taking place during the teenage period can interfere with the process of establishing personal identity. However, as they grow into adulthood, they normally develop a strong sense of personal identity.

Parents and teachers need to help and support young people to develop and maintain a high sense of self-esteem and self-concept. Self-esteem is closely identified with self-respect. It is the realization of oneself as a human being and the identification of one's self within the society. The social development of a person is primarily based on this self-esteem.

iv) Social relationship

The growth and development of social relationship of young people is, by and large, centered around their interaction with siblings, parents, peer group and members of the opposite sex. Early experience of social relationship is usually centered around home. However, as young people enter into their teens, physical and emotional development which take place in them is marked by changes in the patterns of interpersonal relationship. Parents continue to have control over their teenage children and provide protection and guidance. However, teenagers try to assert their independence by shifting away from parents and trying to be on their own within their families. It is common for young people to have more frequent conflict with their parents over the amount of freedom they think they deserve. Some parents treat these changes in behaviour pattern as a challenge to their authority. Many parents tend to think that their growing child is inexperienced and therefore, cannot make right decisions. Such parents therefore, can also generate stress and strain for their children. Social development is easier for those teenagers who feel that their parents love and trust them. An over-protected teenager is likely to have greater difficulty in learning to act independently.

To a great extent, peer group relationships help teenagers to learn to interact with people in a healthy manner. It is also seen that adolescents look to their peer group for approval. During this period there is a tendency to have friends from both sexes. While the peer influence helps in establishing independent identities, peer pressure at times can generate negative orientation in teenagers. Studies indicate that most people who indulge in drugs, alcohol and teenage sex do so under peer group pressure or orientation.

Therefore, an appropriate sexual health education package is required for young people which will enable them to adopt healthy behaviour pattern.

v) Pre-marital sex and teenage pregnancies

Pre-marital sex has given rise to a range of alarming problems. Today's teenagers are faced with new challenges. Sexual activity has become more over among the youth and society in general. Girls and boys are reaching sexual maturity at an earlier age. Because of their early menarche girls are able to conceive at a younger age. As

sexual intercourse among adolescents in some countries becomes common, teenage pregnancies are on the increase. Sexual permissiveness is encouraged by sexual messages conveyed through the mass media. It has negative impact on the individual and the society. Hardly any effort is made to provide moral education.

Teenage pregnancies pose many problems. Strong social pressure may lead to illegal abortion and may also provoke the women to commit suicide. Illegitimate children may face the problem of social and legal discrimination as well as economic hardships. If marriage is forced on the mother, there is a high probability of marriage failure. When a low level of educational attainment among the women is perpetuated from generation to generation, their opportunities for employment also get reduced. Thus, their continued dependence on others for their livelihood is reinforced. In terms of health, early reproduction is usually harmful both physically and emotionally, then one which begins late.

C) Sex Roles

The study of sex roles is vital to achieve one of the objectives of sexual health education, namely, to enable the youth to understand and cope with changes in their own lives. The breaking down of traditional social structures and the changing role of men and women as a result of social change is one such example. Studies on sex role stereotypes indicate that men and women generally hold stereotypes of the typical characteristics of males and females. Males are logical, dominant, independent, unemotional, and aggressive while, women are sensitive, emotional, nurturing, and are somewhat dependent and submissive. It is unlikely that such personality characteristics are completely in same, because in some cultures women are aggressive and dominant, while men are found to be emotional and sensitive. If there is inherent pre-disposition that is different for each sex, it appears that particular cultures emphasize some and mask others. Furthermore, literature and mass media tend to create, reinforce and perpetuate many sex role differentiations. Many experts agree that the pressure, anxiety and confusion about male female roles are core issues in most concerns related to sexuality. Stereotyped sex roles hinder people from developing their natural abilities and personalities. Topics on sex roles over masculinity and femininity in different cultures, stereotypes and role expectations.

D) Gender Roles

The term 'gender' is derived from the French word 'genre' meaning sex. Sex refers to binary division between a male and female in terms of physical features, chromosomes, hormones and secondary sexual characteristics. Gender refers to those characteristics of males and females, that are shaped by social factors. While examining gender difference in life expectancies, we refer to social influences on survival, such as preference for male children and discrimination of women and girl children in matters of education, health care, nutrition etc. In fact the differences between males and females are derived from three sources; (i) biology, (ii) roles that men and women traditionally play in society, and (iii) beliefs and opinions prevalent in society.

The existing inequalities between men and women and the subordination of women to men is one area of distinction between sex and gender which is quite explicit. It is important to understand the gender-based role assignment by society to male and female. In fact, all these role stereotypes influence every aspect of human life. In

short, we may say that gender roles are a set of behaviour which are determined by the society for men and women.

A close analysis of gender roles prevalent in various cultures and societies through various ages show considerable variation. Across the globe we find that almost all societies have assigned different roles to men and women. In fact, history shows that men and women hardly performed equal roles or held equal positions except in certain exceptional cases where women inherited the throne from their fathers. Otherwise men are valued higher than women. In short, the females are considered weaker and males stronger.

Men are considered wage earners, heads of households and leaders of the society in various fields. The role traditionally assigned to women include raising a family and maintaining the home, being ideal mothers, wives, sisters, and daughters while sacrificing their personal interests for the interest of the male members within the family.

The major impact on gender roles are influenced by the stereotyped sex roles which continue in every society. Almost all stereotypes are man-made, but they are considered to be natural. In fact, these man-made stereotypes have been handed down from generation to generation which have resulted in the perpetuation of the discrimination against women. From the moment a child is born, identification of sex followed by gender-based role assignment begins and this process continues to be an integral part of socialization of children into adulthood. Most of the stereotyped roles or messages are given to children from childhood days by parents, siblings, peers, society and the mass media. In fact, these messages communicate that certain behaviours are acceptable for boys but not for girls, and vice-versa. As the child grows up, he/she identifies himself/herself with the parents of the same sex. The male child starts internalizing the characteristics of his father and the female child internalizes the characteristics of her mother.

Gender roles continue to influence the behaviour of teenagers during the formative period. The gender identity with regard to various types or roles, such as occupational roles, domestic roles, kinship roles, community leadership roles, conjugal roles and parental roles continue to develop during the period of adolescence. The effect of such gender-defined roles results in development of attitudes, behaviour and value orientation viewed as appropriate for male and female in a given cultural setting.

Therefore, there is a need to promote appropriate gender role development among young people during the formative period so that discrimination of women can be challenged and a transformation of traditional models of gender relations take place in the society. This is required if we want to create a decent society where men and women can live a meaningful life with dignity.

Only a consciously prepared curriculum on sexual health education can influence the existing stereotyped gender roles.

E) Sexually Transmitted Diseases (STD)

STD as a topic in sexual health education has become more important due to the increased spread of STDs, and especially the dramatic rise in the incidence of HIV and AIDS. STD education should address two areas: Factual education, and inculcation of the Right social attitudes. Students need to understand that STD is not only a serious social problem, but more importantly a critical medical problem which can

be prevented and treated. The study of STD includes the various types of STDs their origin, symptoms, treatment and prevention. Some of the STDs like HIV have no cure.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. Write a brief note on personal identity.

.....

.....

.....

6.4 IMPORTANCE OF SEXUAL HEALTH EDUCATION

The importance of Sexual Health Education cannot be overemphasized in the modern society. The mass media and experience tell us regularly about various problems caused by misconceptions regarding the sex. Many people especially the adolescents and youth are confused about what sex is, what functions it performs for the individual and the society at large.

Many of these misconceptions occur as people get wrong information from unreliable sources. Some of these sources are peer group, friends, mass media and even parents. At times these sources themselves are ignorant and have wrong knowledge on sex. Other sources have vested interests. This is true of the mass media which knows that sex in its glamourised and over blown form, sells. Therefore, an image of sex and activities associated with it (dating, friendship, live-in relationship and marriage) are created so as to attract viewers and readers. One would therefore, come across a large number of T.V. serials, operas, discussions on the merits and demerits of these issues. Many media observers point out that other relevant issues are neglected.

It is also to be accepted that modern societies have some characteristics which allow the media to manipulate the issues related to sex. Some of these factors are: the delayed marriage of man and woman in modern societies; urbanization, migration for the purpose of education and employment; increasing percentage of woman in employment sector etc.

There has been also a change in the value system of modern societies. The control of collectives (family, society) over the individual is lessening and the person is given autonomy and freedom. People are not expected to interfere in an individual's private life unless he or she is given permission by that person.

The Indian society is also not immune from the changes happening in the western societies. During the 1960s western societies experienced a radical change in popular attitude towards sex and some observers have even called it a revolution. The human body was increasingly being seen as pleasure producing device rather than a sacred object (mainly by religious thinkers). Social norms and values emphasizing control

over the body and related problems were seen as being manipulative and undesirable. Individual was thought to be free to do what he wants with his or her body. These views were challenged then and later on but their influence continues. But we need to look at these issues because of the increase in HIV/AIDS, STDs. Sex health education is one way of doing this.

In the Family

Definitely such a "revolution" has separated sex from matrimony and love from family. It has also separated sex from life of unitary dimensions and from within the conjugal act of procreation, thus providing a background in support of abortions, contraception and promiscuity.

This, so called "revolution", has had political implications as well. It has become now an ideology which has made sex a weapon to break all the ties of traditions. It rampages all parent-child relationships, family institutions and social fabric and establishes a most exasperating individualism.

The media of social communication, pornography, interest and erotic telephones have given young people such emotional appeal that they consider themselves as objects and not even as subjects of the alienating mechanisms.

In the School

Sex education does not exclude the positive intervention of schools or of other educational associations. But it re-indicates strongly the un-substitutable or of the parents and of the family atmosphere as the first and foremost factor.

Realizing that children and youth are so badly exposed to misrepresentation of sex that they are often the most gullible victims of sex abuse, public authorities in some countries believe that they have solved the problem by favouring sex education in School. But often, such education is reduced to mere sanitary information. The human and family perspective is kept outside sex and sex is regarded as something purely private and personal.

In Individual Persons

Sexuality is innate in the body and in all dimensions of the person as a whole. It involves the total development of his/her person in his/her physical and spiritual life which will be reflected in his/her social relation. In other words, sexuality is inscribed in the person in his/her growth, in his/her complementary relation, of one sex towards the other and his/her openness in giving up of self for the other.

In the Society

Another point of view is of the society, the whole of which needs to examine itself. Society should continue to question itself as to what kind of young, women and men it should like to form for tomorrow. It should also ask itself as to what sort of relationship between sexuality and person and society, it would like to see; whether the sexuality is only legitimate or it is to be tolerated as a simple private function of pleasure without its rightful orientation.

What is the Right time to Start Sex Education?

The imparting of sex education at different stages and levels has been a subject of debate since long. However, in the conservative environment of Indian society, this matter has failed to gain a definite educational response. In our country, sexual health education is not only absent at the school and college levels but is a grossly neglected subject even in the curricula of medical institutions. As a result, sexual dysfunctions are often misinterpreted and the regular treatment of any malfunctioning involves prescribing one of the ever increasing plethora of drugs, or the ayurvedic sex tonics. It seems to be doing more harm than good.

As far as the appropriate period for providing sexual health education is concerned, there is no fixed or definite time to start the process. Informal sex education can be started at any time, when the child's curiosity makes him/her receptive to conceptual inputs. As the child grows, imparting knowledge appropriate for his/her age would be the right approach. Without conscious volition, parents provide sex education to the child from the moment of birth. The ways in which parents hold, touch, care for the child during infancy and the ways in which they interact between themselves and with the child lays the foundation for his/her further sexual conditioning. Making the child accept his/her gender and also giving him/her love has a profound influence in shaping his/her attitude towards sex and sexuality. The everyday communication and interaction patterns of the family influence the child's sense of self-esteem, body image, gender role and family roles and positively shape his/her capacity for love, intimacy and sharing.

As far as formal education is concerned, sporadic work in area has been done in a modest way. Educationists have been making conscious effort to include relevant contents and suitable strategies in respect of sexual health education into the curriculum. The National Curriculum for Elementary and Secondary Education brought out by the NCERT as follow-up of National Policy on Education 1986 states that this dimension deserves careful attention of the curriculum organizer so as to make adequate provisions for inculcation among adolescents "healthy attitudes towards sex and members of opposite sex". We are aware that some aspects of sex education particularly of physical components have been incorporated in the syllabi and some of the textbooks developed by the NCERT as well as some State Governments.

Objectives of Sexual Health Education

- A) Comprehensive sex education programme should aim at several objectives. Some of these include:
- 1) Sexual health education should focus on the total personality development of the individual. Sexual health education should seek the development of an individual's sexuality and sexuality involves one's total being and identity. In short, it includes physical, social and psychological aspects of sex and sexuality. It will also create the power to make value judgement.
 - 2) Sexual health education should aim at providing factual, complete and honest information about sex and sexuality. Sexual health education programme should aim at increasing awareness and insight regarding physical, social and psychological development. It will help in clearing up myths and misinformation that young people share among themselves. It will also prepare the adolescents

**Life Skills Based
Education and
Objectives**

to face the biological changes that would come about during puberty such as menstruation, seminal emissions, change of voice, enlargement of breasts etc.

- 3) Sexual health education will enable young people to become responsible in making decisions. Sexual health education aims at helping individuals to acquire and maintain responsible and caring relationships and behaviour. Simultaneously, it will prepare the children to recognize the behaviour that is exploitative and self-destructive.
- 4) Sexual health education will help the child to respect (him/her) self and others. Sexual health education will enable young boys and girls to become proud of their own sex while appreciating the attributes and capacities of the opposite sex.
- 5) Sexual health education will provide opportunity to youngsters to imbibe human values. Sexual health education will provide opportunity to the young people to develop ethical, social and spiritual values which will serve as a guide to the individual in personal, family and social relationships.
- 6) Sexual health education should help the young boys and girls to understand that each part of the body and each phase of growth is good and has a purpose. This will give holistic idea about human development and simultaneously it will help the young people to nurture a feeling that sex is something beautiful, positive and is a creative part of life.
- 7) Sexual health education should help in the formation of an emotionally stable personality. By developing various skills an individual will also become emotionally stable. Such an individual will be able to make rational decisions and will have judicious thinking. This is considered to be ultimate outcome of sexual health education.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

2. List the major objectives of sexual health education.

.....

.....

.....

6.5 SEXUAL HEALTH EDUCATION IN THE FAMILY

It is with the birth of a child that a family is fully constituted. Lower organisms like amoebae reproduce asexually. Human reproduction, on the other hand, is sexual. Family is the context in which human sexuality is socialized and humanized. Without this socialization and humanization of sexuality, social life itself is not possible. The great psychologist Sigmund Freud observed that until human beings learn to control their sexual instincts, social life is impossible. In the world of animals, strictly speaking,

there is no family life and social life. They move in herds. Human beings however, establish healthy and viable relationships with other human beings in the context of family life. A woman and man are married to each other. The whole society is invited to respect that alliance. The purpose of marriage ceremonies in any society is to let the whole society come to know about this alliance and protect it. This understanding is essential for the survival of any society.

Apart from helping human beings to establish a society based on reciprocal relationship sexual relations also help the partners to express their love for each other and affirm each other in their lovability and goodness. Sexual relations are thus not only procreative, but also re-creative — they help to promote human fulfillment and satisfaction.

Often, the role of sexual relations, though it is paramount importance in the life of human beings, is not discussed. It is swept under the rug and kept hidden even from the life of married people. In most societies, sex is a taboo subject. In these very same societies, sex is often caricaturized and dealt surreptitiously as a dirty subject, especially by the youth and people who want to exploit their vulnerability.

Two Wrong Attitudes Towards Sexuality

Masculinisation of Sexuality: Sex is both male and female. Both men and women have a right to enjoy their sexual life. Often sexual life has become the prerogative of the man. Women are reduced to being mere means for man's sexual satisfaction. What happens to the woman as a result of man satisfying his sexual urges is often not taken notice of? Marriage is at times thought of as a license for a man to use, abuse or misuse the women he marries. The word used in English languages for sexual relations between a man and a woman is "intercourse". In intercourse, both man and woman play different but complementary and equal roles.

Commercialization of Sexuality: Sex belongs to the core of a person's identity. Sex does not exist in itself. It is a human being who exists in a sexual mode. At times there is a tendency to deal with sex as a commodity. Instead of dealing with sex as the core of a person's identity, it is commodified as an object by itself. The pronoun 'it' is used to refer to sex: "you want it"? "have you had it"? etc. The moment sex becomes a commodity, it is considered to be something that can be purchased, lent, borrowed, swapped, etc. A human person is unique and irreplaceable as a person. Commodification of sex has led to a lot of tragedies in the lives of people. The healthiest approach to sex is to view it as part and parcel of the personal identity of a boy or a girl.

Role of Parents in Sexual Health Education

Children first learn about sex and morals by observing the attitudes and behaviour of their parents and family members. The importance of a caring and loving relationship is often understood by the behaviour patterns of children manifested at different stages of emotional and sexual development. Because, during childhood, most of the learning is acquired by imitation, it is important for the parents to be aware of their roles and to impart positive sexual health education to the children. The most appropriate attitude is to let the child know that sex is not a *dirty reality* and curiosity in these spheres is a common and natural process of growing up. Without a caring and helpful attitude, children will be hesitant to ask sex related questions fearing that their parents will be uncomfortable to answer them truthfully.

If only parents become comfortable talking about sex and sexuality, they will be able to promote a healthy parent-child relationship. Parents should avoid associating scary stories with sex. Sex should not be mixed up with sexually transmitted diseases, AIDS, teenage pregnancy, rape, pornography and child molestation. Children should, no doubt be warned about the dangers of these problems but at the same time, parents should not forget to acknowledge and explain that sex, in its proper place is a good and wonderful thing. Parents should neither panic when children ask questions, nor should they express distress at seeing their children exploring their bodies.

Parents are usually worried that knowledge about sex and sexuality will harm the child. Though we are products of a conservative society with primitive norms, scientific knowledge appropriate to the chronological and mental age of the child will not harm him/her as much as ignorance may.

It is better to give the child basic information in a simple manner as the child grows up. It may also happen that children may ask questions that are in conflict with moral values. An understanding and positive explanation catering to their needs and satisfying their curiosity will reduce the risks and consequences of sexual ignorance. Even if parents occasionally respond a little more than the child's capacity or level of understanding, it will only leave the door open for further communication. It is the parent's attitude that is important. Sometimes the child's curiosity and concerns may seem irrational, but they may also be real to him/her and should not be dismissed or discarded by parents. This may even close and snap off the healthy communication in the parent-child relationship. Only if the child can trust that his/her parents are not rigid or hostile to his/her curiosities he/she will be able to look upon them as a source of wisdom and guidance.

Sexual health education is important but of greater importance is the fact that it is imparted from childhood onwards. Youngsters need to feel free to talk with parents about sex and sexuality even before puberty because by then, they are already sexual beings. It just appears that the sexual orientation is a product of puberty; but in reality they are reflections of sexual mores well established in childhood and do not change much in later period. All these things happen because at this stage most of the learning style is through suggestion.

Norm Setting

Boys and girls begin to learn the morals and customs that are expected of them from their interaction with their parents, family and close kin. Different cultures impose rules of different severity and maintain control of varying strengths. There are always restrictions on what young people and adults in the family or among relatives can talk about. Simply by virtue of being a norm shelter and adult cannot always hold a conversation of mutual trust with a young person. The young people are bound to have secrets, feelings and thoughts that they may not reveal to the adults close to them. In a number of societies, in Western countries, for example, sexuality and attraction to others are themselves the things that offer a path for a young person to create his/her own more or less independent life.

It is for these reasons that parents are not considered as the best communicators of information on sexuality and loving relationships. Many parents also feel a resistance to talk with their children about sexuality as something natural because they are not provided with adequate information and orientation. Nevertheless this does not prevent

parents from being the primary creators of a sense of morality. One can always learn and impart right education to the young people especially at a time when there are endless challenges which affect the behaviour patterns of young people.

Parental Responsibility

The primary responsibility of imparting sexual health education lies with the parents. With the fast changing market economy, migration of people, increasing educational opportunities and exposure to various mass media, there is certainly an added necessity to address the issues of sex and sexuality by responsible people. Along with emerging and re-emerging social problems associated with behaviour patterns, HIV/STDs and substance abuse, the call for providing sexual health education to adolescents and young people is more justified than ever before. Since parents have the primary responsibility to impart proper sexual health education from the formative period, let us briefly list the responsibilities of parents in this area.

Parents should:

- Inculcate a positive attitude on sexual health education in children
- Strongly discourage tendencies towards developing unhealthy lifestyle in children.
- Provide a healthy home environment which is conducive to holistic growth of the child.
- Cooperate with the school in its attempts to encourage healthy life-styles.
- Build relationship with school teachers and co-operate with their initiatives towards providing sexual health education.
- Encourage children to follow the instructions and guidances provided to them from the school on sexual matters.
- Cooperate with the community in its efforts at maintaining healthy environment.
- Provide children opportunities for sharing of ideas regarding positive aspects of sexual health and encourage discussion at home between parents and children on such matters.
- Serve as role model for children's inspiration.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

3. List the parental responsibilities in imparting sexual health education.

.....

.....

.....

6.6 LET US SUM UP

Sexual health education is an important component of human education because, sexuality is one of the most important aspects of life. With the advent of a disease, like HIV and AIDS, the need for imparting value-based education to life has gained much moment.

In this unit, we have provided the basic understanding about the concept of sexual health education. The unit also provides a detailed discussion about the components of sexual health education. While discussing the importance of sexual health education, the role of family, school and the civic society have been highlighted. For a child, family is the first school where he/she learns the basics of human relations and interactions. Therefore, you will find significant coverage on the role of family in imparting sexual health education to children. The unit, no doubt, has spelt out the objectives of sexual health education which will eventually guide you to the basic understanding of the concept of sexual health education.

6.7 UNIT-END EXERCISES

1. List some of the responsibilities of a teacher which will help to develop right attitudes towards sexual health in the students.
2. How will you guide parents for preparing their children for adult life?

6.8 SUGGESTED READINGS

Muley, D.S. (1993): *Adolescence Education — Report of National Seminar*, NCERT: Delhi.

Pandey, Jawaharlal, Saroj B. Yadav and Kanan K. Sandhu (1999): *“Adolescence Education in Schools”* NCERT: New Delhi.

Thomas, Gracious (1995): *AIDS and Family Education*, Rawat Publications: New Delhi.

Grugni, A. (1997): *Exercises in Education to Love*, Tej-Prasarini, Don Bosco Communications: Mumbai.

Hurlocks, E.B. (1994): *Development Psychology: A Life Span Approach*, Tata McGraw-Hill Publishing Company Ltd.: New Delhi.

Archer, J. & Lloyd, B. (1982): *Sex and Gender*, Cambridge University Press: Cambridge.

Gilligan, C. (1982): *In a Differnt Vocie*, Harvard University Press, Cambridge: Massachussetts.

Kohlberg, L. (1966): “A cognitive development analysis of children’s sex role concepts and attitudes”. In E.E. Maccoby (ed.) *The Development of Sex differences*, Stanford University Press: Standford.

Maccoby, E.E. and Jacklin, C.N. (1975): *The Psychology of Sex Differneces*, Oxford University Press: London.

UNESCO (1988): *Sex Education*, Vol. II. PROAP: Bangkok.

6.9 ANSWERS TO CHECK YOUR PROGRESS

- 1) During adolescence every child tries to establish his/her own identity. The establishment of identity is a gradual process during this stage of development. It is possible that the physical and psychological changes taking place during the teenage period can interfere with process of establishment of personal identity. However as the adolescents grow into adulthood, they normally develop a strong sense of personal identity.
- 2) The following are the objectives of Sexual Health Education:
 - i) Sexual health education should focus on the total personality development of the individual.
 - ii) Sexual health education should aim at providing factual, complete and honest information about sex and sexuality.
 - iii) Sexual health education will enable young people to become responsible in making decisions.
 - iv) Sexual health education will help the child to respect him/her self and others.
 - v) Sexual health education will provide opportunity to youngsters to imbibe human values.
 - vi) Sexual health education should help the young boys and girls to understand that each part of the body and each phase of growth is good and has a purpose.
 - vii) Sexual health education should help in the formation of an emotionally stable personality.
- 3) The following are the parental responsibilities in imparting sexual health education:
 - i) Inculcate a positive attitude on sexual health education in children.
 - ii) Strongly discourage tendencies towards developing unhealthy lifestyle in children.
 - iii) Provide a healthy home environment which is conducive to holistic growth to the child.
 - iv) Co-operate with the school in its attempts to encourage healthy life styles.
 - v) Build relationship with school teachers and co-operate with their initiatives towards providing sexual health education.
 - vi) Encourage children to follow the instructions and guidance provided to them from the school on sexual matters.
 - vii) Cooperate with the community in its efforts at maintaining a healthy environment.
 - viii) Provide children opportunities for sharing of ideas regarding positive aspects of sexual health and encourage discussion at home between parents and children on such matters.
 - ix) Serve as role models for children's inspiration.

UNIT 7 SEX, GENDER AND SEXUALITY

Structure

- 7.1 Introduction
- 7.2 Objectives
- 7.3 Sex and Gender
- 7.4 Sexuality
- 7.5 Adolescent, Puberty and Sexuality
- 7.6 Social Norms and Implications on Sexuality
- 7.7 Gender and Sexuality
- 7.8 Gender, Sexuality and its Implications for HIV/AIDS
- 7.9 Let Us Sum Up
- 7.10 Students Activity
- 7.11 Unit-end Exercises
- 7.12 Suggested Readings
- 7.13 Answers to Check Your Progress

7.1 INTRODUCTION

Gender and sexuality are crucial determinants of people's life experiences, roles, behaviour, opportunities and orientation to the world around them. Gender roles in a community and attitudes about sexuality show variations among and within cultural groups. Within patriarchal societies, 'constructed power' based on gender and sexuality results in marked differences in social roles that put women at a considerable disadvantage compared to men. Stereotypes based on traditional gender and sexuality roles certainly have harmful effects on both women and men. When we discuss awareness, prevention and care programmes on HIV-AIDS and Sexually Transmitted Infections (STIs), it is important to understand the effects of gender and sexuality. Power in relationships, notions and understanding of gender and sexuality formed through social conditioning and the like, has direct impact on HIV-AIDS and STI prevention and care. Societal norms and beliefs related to gender and sexuality often suppress women. In order to empower men and women in communities, it is important to understand how these norms lead to their disempowerment and their impact on HIV/AIDS and STI transmission, prevention and care.

7.2 OBJECTIVES

After studying this unit, you should be able to:

- to help the learner to understand basic concepts on gender and sex and difference between these;
- to enable the learner to understand gender power dynamics and how they influence status of women and sexual health;

- to help the learner understand the linkages between gender, sexuality and HIV/AIDS,
- to help the learner understand how attitudes and values can affect sexual and reproductive health.

7.3 SEX AND GENDER

When we consider how males and females differ, the first thing that usually comes to mind is sex, the *biological characteristics* that distinguish males and females. Sex refers to the biological characteristics by which we identify males and females. The *Biological Sex* continuum, shown on the top scale, includes external genitalia, internal reproductive structures, chromosomes, hormone levels, and secondary sex characteristics such as breasts, facial and body hair, voice, and body shape. Everyone is born female or male. Biological and physiological conditions such as chromosomes, hormones, secondary sex characteristics and external and internal genitalia help us in calling 'a being' as belonging to female sex or to a male sex. Only the sexual and reproductive organs are different and all other organs are the same. Other than these few biological differences, girls and boys are not different. In fact, the bodies of girls and boys have more similarities than differences. Because of their physical construction, girls belong to the female sex and boys belong to the male sex. These biological or physiological differences are created by nature, and these differences are same in every family, every community and in every country. However, even sex may not be wholly dichotomous as it made evident by inter-sexed individuals. Biology is influenced by environmental, social, economic and cultural factors which are understood as gender.

People often use the word "Gender" as a synonym for "Sex". Sex, however, refers to a biological characteristic that makes someone female or someone male. We also misuse the word Gender as a synonym for "women" or "female". People also commonly accept that women and men perform different functions in the society. Some of these are biological roles and others are socially, culturally and historically given roles. However, women and men identify social and cultural realities differently due to their own personal experiences to these given roles.

Sex is something one is born with, whereas gender is imbibed and learnt through a process of socialization. Sex does not change and is constant, whereas gender and gender roles and norms change and vary within and between cultures. Social constructions of gender determine attitudes about what men and women are capable of, how they should be have, what kinds of role models and images are presented for women and men, and who will occupy positions of power. Gender affects almost all aspects of women's and men's lives, their needs, opportunities and access to resources. While sex and its associated biological functions are programmed genetically, gender roles and power relations vary across cultures and through time, and thus are amenable to change.

In nearly all societies, men and women, boys and girls, have a different status and play different roles. Men and women behave differently, dress differently, have different attitudes and interests, and have different leisure activities. Gender usually refers to the differences that are socially defined, that are created by cultural norms. These differences are not fixed; they vary between cultures and change over time and may highlight inequalities social conditions and processes. Gender roles for men and

women vary greatly from one culture to another and from one social group to another within the same culture. Race, class, economic circumstances, age etc., influence what is considered appropriate for men and women. As culture is dynamic, and socio-economic conditions change over time, so gender patterns change with them. Sudden crisis, like war or famine, can radically and rapidly change what men and women do. Sometimes, however, the old attitudes return after the crisis (as women ex-combatants in liberation struggles have found). Sometimes, the changes have a permanent impact

Gender means the state of being male or female, what it means to be a man or a woman, and in a social context it refers to the social differences between men and women. Girls and boys learn these differences while they are growing up in society, in different ways in different cultures. The identities of women and men are formed differently because social surroundings impose different expectations on girls and boys from the moment they are born. Gender roles thus start to take shape already at a very early age. Every culture has different ways of evaluating men and women and assigning roles and responsibilities. Gender refers to the socio-cultural definition of men and women, the language society uses to distinguish between them. It encompasses socially defined roles, attitudes and values, which the society ascribes, appropriate for one sex or the other- for males and females. Gender is a social construct that binds people in rigid definitions of masculine and feminine and it influences how we think, how we feel, and what we believe. Whether you are a male or a female, it also influences how people see you and the social expectations of how you should behave. Gender is not equal to women. It relates to the position of men and women in relation to each other. Gender is not fixed- it is a social construct, often also shaped by other factors such as class, ethnicity, age and religion. The definition of what is "masculine" and what is "feminine" can and does change over time and across cultures.

Gender can be seen as the full range of personality traits, attitudes, feelings, values, behaviours and activities that society ascribes to the two sexes on a differential basis. It is a social construct, which varies from society to society and over time. A fuller understanding of gender includes recognition of gender as a social construct, as a system of social stratification and an institution that structures every aspect of our lives because of its embeddedness in the family, the workplace, the health care system and the state as well as in sexuality, language, and culture. It is a primary way of signifying relationships of power. Each culture is deeply invested in its construction of gender roles and those who benefit from the existing system may strongly resist efforts to change, or even describe it. Gender has many components, both as a social institution and as an individual perception. From a social perspective gender is seen in terms of social status, distribution of labour, kinship, (family rights and responsibilities) sexual scripts, personalities (how one is supposed to feel and behave) social control, ideology and imagery.

Gender ideas are translated into behaviours and values, good and bad, that in turn translate into how we carry out everyday life. These behaviours and values are then passed on from generation to generation. In this way, gender and the way we behave and think about gender become a deep part of who we are, and become taken for granted. Ideas of gender roles — how girls and boys, men and women should behave — affect all our relationships, including our sexual relationships. Gender roles affect if and when young people have sex, whom they have sex with and if they protect themselves against pregnancy and sexually transmitted infections (STIs)

including HIV. But most young people (and older people too!) are not aware of the effect of gender on their lives, or, that because gender roles are created by society, they can be changed.

Sexual identity means the way one views him or herself as a male or female. This inner conviction of identification usually mirrors one's outward physical appearance and the typically sex-linked role one develops and prefers or the society attempts to impose. *Gender identity* is recognition of the perceived social gender attributed to a person. Typically, a male is perceived as a boy or a man, where *boy* and *man* are social terms with associated cultural expectations attached. Similarly, a female is perceived as a girl or woman. The distinctions made between boy and girl and man and woman are of age and usually represent differences in societal expectations that go along with and increase in maturity.

Gender Roles

1. May differ from society to society.
2. Can change with history.
3. Can be performed by both sexes.
4. They are socially, culturally determined.

Sex Roles

1. Same in all societies they are universal, e.g., it is only women who give birth to children all over the world.
2. Never change with history.
3. Can be performed by only one of the sexes.
4. They are biologically determined.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. List down the differences between sex and gender?

.....

.....

.....

2. Describe gender and sex roles?

.....

.....

.....

Gender differences and inequality

Like everyone else, our birth was marked by a certain set of circumstances. May be it was an event anticipated with joy, may be not. The fact is that family and friends have different types of expectations depending on whether the body is a boy or a girl. When we were born the first thing they did was look at our genitals.

Some of the ways these *inequalities* are expressed include the following:

- Just because they are men, the male gender has power over the life of women. Men can control women's lives and make decisions about their health, their body, their education, their resources and their income. The exercise of this power turns women into perennial children viewed as minors and dependents, even when they are adults.
- The social construction of gender creates inequality detrimental to women, given that very early on, men must learn to make decisions and take care of themselves without consulting anyone else. They are taught that they must decide and then take responsibility for the consequences of those decisions. Women, on the contrary, learn that other people make the decisions and act for them.
- The social construction of gender grants many more social freedoms to the male gender than to the female gender. Freedom to move about, to make decisions—both personal and collective—to access and make use of resources, and to represent groups. Cutting back women's freedom increases their condition of vulnerability, or in other words, increases the number of difficulties they must face in order to live a successful life.
- In addition to the lack of opportunities in education, work, health, recreation, and other areas, the female gender is also subjected to a situation of violence that is socially sanctioned and hidden, silenced, and muffled by families, communities, couples and institutions. It is not recognized that the aggression women suffer is a factor that limits their development. There are many types of aggression, which can be verbal, physical, psychological, and sexual or directed against women's ownership of things.
- The patriarchal paradigm bestows an authoritarian power on whoever has it, concentrated in one or a few people. In this type of relation, the people who exercise power over the dominated group are distanced from the others, and this hinders their capacity for making decisions that suit the needs and conditions of the persons they represent. This situation produces inequality in access to power for other men, as well as women, and impedes the formation of democratic and sustainable societies.

Gender Stereotypes

Gender stereotypes are the images we carry about males and females. Each society defines the roles for males and females and socializes them into these roles so that each individual accepts these norms as 'normal' and 'natural'. For example, girls should be passive, homemaker, submissive, gentle, whereas boys should be strong, head of the family/provider, active, aggressive.

Girls and women may be expected to:

- Be caring, gentle, passive, respectful and obedient.

- **Be responsible for domestic chores and childcare.**
- **Speak and dress modestly.**
- **Please and obey men.**
- **Control their sexuality, behave responsibly and not show their sexual feelings.**
- **Girls often receive less food than boys and are less likely to receive health care.**
- **Girls are less likely to go to school or to complete school and their brothers' education is given priority.**
- **Girls are expected to help with domestic chores in preparation for being wives and mothers. Women may not be allowed outside the household alone or at all.**
- **Girls are married and become mothers, at a very young age in our country.**
- **Girls who become pregnant often have to drop out of school and may be rejected by their families, whereas boys who father children usually stay at school.**
- **Girls and women cannot own or inherit land or property or decide about divorce or obtain custody of children in some cultures.**
- **Girls and women are more likely to be subjected to violence, especially sexual violence.**
- **Girls and women are not allowed to work or to do certain types of jobs and often receive lower pay for doing the same work as men.**
- **Women are under represented in decision-making bodies.**

Boys and men may be expected to:

- **Make important family decisions, for example about household expenditure, how many children to have.**
- **Marry and provide for their family.**
- **Be strong and not show their emotions.**
- **Take the lead in relationships and in sex.**
- **Boys and Man may be discriminated against in other ways, for example, they may be expected to be 'strong' and not to show emotions.**
- **Boys may be unable to play some games that girls play, they may be discouraged from spending time with their mother and other women**

Gender shapes girls' and boys' knowledge, attitudes, values, feelings, self-esteem and skills. It influences their ideas about themselves and about relationships, the choices they make about sexual behaviour. For many young people, life today is very different to what it was like when their parents were growing up — although most parents had the same worries and questions about sex and relationships when they were teenagers too.

Check Your Progress

Notes :a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

3. Define the following:

Gender Inequality.

Gender Stereotypes.

.....

.....

.....

7.4 SEXUALITY

Development has generally treated sexuality as a problem—considering it only in relation to population control, family planning, disease and violence. However, sexuality has far broader impacts on people's well-being and ill-being. It looks at how we can take a broader and more positive approach to sexuality, and how we can foster an environment that enables people to live out healthier, happier sexualities free from violence and fear.

Sexuality and gender is a defining characteristic of each one of us, development policy and practice has tended to ignore sexuality in a rational way. However the need to respond to HIV and AIDS and the adoption of human rights approaches have created openings for a franker debate on sexuality and more resources in this area. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

What is adolescent sexuality?

Becoming a sexual person is one of the roles of adolescence and presents difficulties for many young people in accomplishing these tasks in a responsible and healthy manner. The quality of their future life depends to a great degree on the extent to which adolescents take advantage of opportunities for personal growth by going to school, and being employed, while avoiding potentially problematic outcomes of sexual relations. There is awareness of the concerns about pregnancies occurring too early in life, HIV and other STI's. While the issues certainly vary in different societies, where cultural traditions, religious beliefs and ethnicity differ, there are many similarities between the needs of adolescents regardless of where they live. While the issues surrounding expression of sexuality become very important during adolescence, human beings are sexual throughout their entire lives although, at different points in life sexuality may manifest itself in different ways. In matters of sexuality, reproduction

and marriage, the most important forces shaping modern day adolescence are each society's particular cultural values and institutions which to a considerable degree remain unchanged. Cultural values regarding sexuality, gender roles, the power dimensions of adolescents, intimate relationships, and economic disadvantage exert powerful influences of how adolescents in developing countries make sexual and reproductive decisions. Adolescence is the optimum time to develop attitudes and behaviour and is the critical phase for intervention to ensure that high risk sexual behaviour patterns do not become entrenched. Teens aren't getting the information they need in time to protect their health and prevent unintended pregnancy and sexually transmitted infection. Information that is wrong, too little or too late can result in long-term and life-threatening consequences. Our young people need a responsible source to turn to in confidence and with confidence, not incorrect information from other teens or the media.

Sex and sexuality - concepts

Sex is an organic phenomenon, apparently with a definite chemical base, existing in all organisms - plants and animals. It is very much consistent and homologous throughout the world. It is varied in itself and is no more definable. The word sex is commonly used for sexual intercourse only but people, in general, do not feel happy to talk about it or disclose their thoughts and experiences. The younger generation, therefore, remains in dark. The urge for sex is a normal biological instinct. It is our entire being - including sex (biological), gender, attitudes and perceptions, sense of self, relationships, sexual practices, fantasies, concepts of love, romance and pleasure. Sexuality also is a bout fear, vulnerability and confusions. It is a fine combination of the physical, emotional, intellectual and social aspects of each individual's personality. Sexuality is seen and expressed in our daily activities — work, expression of affection, responsible (or irresponsible) behaviour, parenthood, talking, walking etc.

Sexuality, also implies psychological reactions associated with manliness and femininity and determines behavioural response. These are further conditioned by persons cultural heritage, social norms and images from the mass media. Cultural heritage includes religious beliefs and traditional concepts. Social norms are the product of bio-emotional needs of the individual and the existing socio-cultural patterns in society. These vary over periods of time and from one society to another. One can also say that sexuality describes the way people express themselves as sexual beings. Sexuality is closely associated with sex, so it can be difficult for young people to discuss issues around sexuality. But in order to be aware of and understand their sexuality, it helps, if they have safe adult or knowledgeable peers to talk to. They can be encouraged to be aware of what they feel, of what they like and do not like, what they are attracted to and what fears they have. This helps young people to trust themselves and to build confidence to make their own choices.

Sexuality is often understood in relation with the word "sex" and the word sex also has a very limited connotation, it is only perceived in terms of sexual act. However, Sexuality is not just:

- sexual acts;
- sexual intercourse;
- sexual behaviours; and

**Life Skills Based
Education and
Objectives**

- sexual orientations.

Sexuality is a composite personal identity of our views and attitudes, needs, concept of love and relationships, fears, desires, pleasure, sexual orientation, fantasies, body image, sexual abuse, and the like. Everyone has a unique sexuality that develops from the time we are born and is influenced by every event in our lives. Sexuality is much wider, complex and includes physical, emotional, ethical, social, and spiritual dimensions. Besides the above-mentioned components, sexuality can be defined as:

- A lifelong process beginning from birth.
- A function of one's whole personality.
- About who you are.
- What you feel about being a man or a woman.
- About how you interact with members of the same and opposite sex.
- About sharing and intimacy.

Human Sexuality

- Is the way you think.
- Is the way you feel.
- Is the way you behave.
- It is the function of your whole personality and is a life long process.
- How you feel about yourself as a person.
- How you feel about yourself as a man or as a woman.
- How you communicate with others.
- How the world sees you as a man or as a woman.

Check Your Progress

- Notes :** a) Use the space provided for your answer.
b) Compare your answer with those provided at the end of this unit.

4. Define sexuality.

.....
.....
.....

7.5 ADOLESCENT PUBERTY AND SEXUALITY

Puberty in Girls

Puberty in girls usually occurs between 10 to 15 years of age. The onset of menstrual periods (*menarche*) is one of the most visible signs that a girl has entered puberty. Before having the first menstrual period, the pubescent girl will normally experience a rapid growth, especially an increase in height, breast enlargement, pubic, armpit and leg hair growth, clear or whitish vaginal secretions, and increased hip width. However, breast development is a vital part of puberty and reproduction in the human female.

Breast Development

Breast development occurs in distinct stages, first before birth, and again at puberty and during the child bearing years. Changes also occur to the breasts during menstruation and when a woman reaches menopause. The development and kinds of breast changes that take place are directly related to age. There are three phase of development *lobulic development*, which takes place between the ages of 10 and 25; *glandular development*, which is under the influence of gonadotrophic hormones and occurs between the ages of about 10 and 45; and *involution*, or shrinkage of the milk ducts, which begins from about age 35 onwards.

Breast Changes during Puberty

As girl approaches adolescence, the first outward signs of breast development begin to appear. When the ovaries start to secrete estrogen, fat in the connective tissue begins to accumulate causing the breasts to enlarge. The duct system also begins to grow. Usually, the onset of these breast changes is also accompanied by the appearance of pubic hair and under the arms.

Once ovulation and menstruation begin, the maturing of the breasts begins with the formation of secretory glands at the end of the milk ducts. The breasts and duct system continue to grow and mature with the development of many glands and lobules. The rate at which the breasts grow varies greatly and depends on the deposition of fat-pads beneath the skin. The development of fat-pads is different for each young woman and depends on factors such as heredity, nutrition and social class. Each month, women experience fluctuations in hormones that make up the normal menstrual cycle. Oestrogen, which is produced by the ovaries in the first half of the menstrual cycle, stimulates the growth of milk ducts in the breasts. The increasing level of oestrogen leads to ovulation halfway.

Puberty in Boys

Puberty in boys usually occurs between 13 to 15 years of age. Unlike girls, there are no visible signs that tell a boy that he has entered puberty. Hence, it becomes difficult to know for a boy exactly when his puberty is coming. There are changes that occur, but they occur gradually over a period of time rather than as a single event.

1. Age Range: Usually 11-13 years

The beginning of *adrenarche*. No outward signs of sexual development but the

increased androgen production in the body prepares a boy for undergoing the pubertal changes that become apparent in the second stage. Many boys in the transition phases between stage 1 and stage 2 may experience an enlargement in the size of the testicles and scrotum. At this point, the penis does not enlarge.

2. Age Range: Usually 12-15 years

First appearance of pubic hair around 13.5 years of age that produces long, soft hair (fine and straight) and covered only in a small area around the genitals. The scrotum and testis start enlarging that is accompanied by reddening and folding of the skin. The penis enlargement begins approximately one year after the testicles begin enlarging.

3. Age Range: 13-16 years

As the testes and scrotum continue to enlarge, the penis enlargement takes place in the third stage and continues to enlarge in both size and length. A majority of this development occurs in the length of the penis, although there may be small changes in the diameter of the penile shaft. Pubic hair coarsens and become darker as it continues to spread. Body size increases, with the feet, arms, legs, and hands sometimes growing faster than the rest of the body. Some boys may get some swelling in the area of their breasts as a result of the hormonal changes that are occurring. This is common among teenage boys and is usually a temporary condition. But if the pain becomes persistent, consult a physician at the earliest. Most boys have the capacity to ejaculate at this stage. They also might experience normal emissions or *wet dreams*.

4. Age Range: 15-18 years

Voice continues to change, as it gets deeper. Sometimes, the voice may "crack" during this time. This is a temporary condition and will improve over time. As the penis enlarges, the adolescent male may begin to experience erections. This is when the penis becomes hard and erect because it is filled with blood. This is due to hormonal changes and may occur when the boy fantasizes about sexual things or for no reason at all. This is a normal occurrence. Further, enlargement and development of the scrotum and testes takes place and pubic hair thickens. Other changes involving the pubic hair include curling and coarsening in texture. These changes continue throughout the fourth stage accompanied by enlargement of the penile glands with thickening of hair in the pubic area. There may be an increase in hair growth, not only in the pubic area, but also on the face, under the arms and on the legs. Pubic hair growth starts taking the triangular shape of adulthood that might spread to the thighs and sometimes up the stomach.

Terms used in male sexuality

<i>Penis</i>	:	The male organ for sexual intercourse.
<i>Scrotum</i>	:	The pouch located behind the penis that contains the testicles, provides protection to the testicles and controls the temperature necessary for sperm production and survival.
<i>Testes</i>	:	Two round glands that descend into the scrotum following birth, produce and store sperm and produce the male sex hormone testosterone.

Seminal	:	A sac-like structure lying behind the bladder that secretes a thick milky fluid that forms part of the semen.
Prostate Vesicel	:	A gland located in the male pelvis that secretes a thick milky fluid that forms part of the semen.
Semen	:	Milky white fluid passed out of the penis at the time of ejaculation. Semen contains sperm, secretions of the prostate gland and seminal vesicles.
Erection	:	The process by which the penis fills with blood in response to thoughts, fantasies, temperature, touch or stimulation and grows taut.
Ejaculation	:	The release of semen from the penis caused by sexual excitement. This occurs in situations other than intercourse. It may occur at night and is commonly known as a "wet dream". However, this is a misnomer for nocturnal emission, because it does not occur only because of a sexual dream. It is a natural and normal phenomenon. It is also known as spermarche.

Terms used in female sexuality

Labia majora	:	Two sets of folds on either side of vagina; and labia minora provide protection to the clitoris and the urethral and vaginal openings.
Clitoris	:	A small structure located at a point where the labia meet; the point of stimulation for the female.
Vagical opening	:	Located between the urethral opening and the anus; outlet for menstrual flow.
Vagina	:	Canal through which a baby passes during delivery; passageway for the menstrual flow. Capable of expanding during intercourse and childbirth.
Pelvis	:	The basin shaped bone structure that provides support and protection to the internal reproductive organs, bladder and large intestine.
Hymen	:	It is a fold of mucous membrane stretched across and partially closing the vagina. Tears during physical activity or sexual intercourse. Different societies have different myths about the hymen.
Cervix	:	The mouth or opening into the uterus; protrudes into the upper most part of the vagina.
Uterus	:	A pear shaped muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; baby develops here during pregnancy.

<i>Fallopian tubes</i>	:	Passageway for the egg from the ovary to the uterus, place where fertilization occurs.
<i>Ovaries</i>	:	Oval shaped structure located in the female pelvic region. Begins release of eggs at the time of puberty, produces female sex hormones.
<i>Ovum or egg</i>	:	Roughly the size of a pinhead. If the egg meets the sperm, then conception occurs. If the egg is not fertilized i.e., does not encounter the sperm, then it dissolves and is discharged during menstruation.
<i>Ovulation</i>	:	Release of an ovum from the ovary. Usually one egg is released every month.
<i>Fertilization</i>	:	The union of the sperm with the ovum. It takes place in the fallopian tubes.

7.6 SOCIAL NORMS AND IMPLICATIONS ON SEXUALITY

The norms of the society influence our concept of sexuality. Deeply rooted in our psyche, they determine our beliefs and behaviour. We learn to avoid talking about sex or anything related to it. This silence leads to confusion, since we never find a space to explore our doubts and fears in a constructive and healthy manner. Norms related to gender and gender stereotypes also influence our notions of sexuality and are reflected in the differences between male and female sexuality. For example, males can express and explore their sexual behaviours/desires freely in most societies, where as females experience restrictions and impositions for the same behaviour. Throughout this section we hope that participants will be able to talk about and find answers to their doubts, confusions and discomfort. The first step toward feeling hope and healthy is to be informed. Sometimes, just accurate information can calm our fears.

Awareness of one's own sexual values

You develop your sexual values from your youngest years from multiple sources - parents, schools, peers, religious institutions and media. When conflict arises, you often fall back on the values, which you have internalized. When one is unaware of his/her own values these may still become apparent through verbal and non-verbal behaviour. This behaviour will be quite apparent and may — turn off the adolescent if these values are discordant with the needs or concerns of the adolescent.

Awareness and acknowledgement of a range of value systems and behaviours

You have to realize that different persons, different cultures and religions and different generations have different values and accept different behaviours. Although they may not agree with your values, you must be aware that they exist and that you must not judge people solely against your own values or your own belief about appropriate sexual activities.

Acceptance of one's own sexuality

We are all sexual beings from birth to death with different ideas and needs about appropriate sexual expression and desirable activity.

Acceptance of the sexuality of others

We must realize that like different value systems, there are also different ways of expressing sexuality. Although these ways may not agree with our sexual repertoire, we must be non-judgmental in recognizing these differences. At the same time, we must be explicit in condemning sexual exploitation, physical and emotional coercion, or violence. Nor must we fail to identify behaviours that may pose a risk to the health and life of the adolescent.

Acceptance of the professional role in dealing with this area

Just as we deal with all aspects of health and disease, we must be willing to deal with issues around sexuality. This requires a willingness to initiate discussions about sexuality with the adolescents. Although there are a number of opportunities for adolescents to receive teaching about his/her body and its sexual function, there are studies that show that the adolescent does trust their physician as an accurate source of information and a reliable confidant, despite when the physician acknowledges the importance of such a role.

Willingness to treat adolescents with unwanted consequences of sexual activity

Adolescents get pregnant, adolescents acquire sexually transmitted infections, and adolescents are victims of rape and incest and prostitution and need treatment. This is part of our professional responsibility both to treat and to educate. The commonest example of the professional dilemma is the physician who does not believe in abortion. As long as abortion is legal in their country, it is their professional responsibility to identify their values and give false or inaccurate information but rather to refer the patient to a physician who will provide this option.

The theme of adolescent sexuality and sexual behaviour can cause different reactions among adults including, shame, denial, insecurity, discomfort, anger, fear of pregnancy for their children, or happiness that their children are moving into adulthood. These reactions reflect attitudes, which have developed based on experiences, prejudices, biases, fears, and cultural norms about sexuality, what it means to be a man or a woman. Cultural norms often say that men's attitudes toward sexuality are different from those of women. For example, men should demonstrate that they "know everything", and women should remain silent and "ignorant". Similarly, cultural norms often imply that adolescent sexuality and sexual behaviour is a matter of "hear no evil, speak no evil, and see no evil". Cultural norms often view same sex relationships as abnormal and wrong.

As adults, we should explore our own attitudes, values, and beliefs regarding adolescent sexuality, and recognize that they can influence our behaviour and programme for adolescents. As adults, we need to talk to youth to understand their reality better their hopes, fears, and dreams. The lists of questions that we have heard from children and adolescents demonstrate that all young people have concerns about sexuality, that these concerns are normal and natural, and that we should be prepared to address them in our programme without imposing our own biases.

7.7 GENDER AND SEXUALITY

Gender affects expectations regarding the sexual activity of boys and girls. For example, in some cultures, men are expected to have premarital intercourse and boys who have not had intercourse are ridiculed by peers. Yet, in the same societies, premarital intercourse is unacceptable for women, and can damage a family's reputation. Young men may say that contraception is a woman's responsibility, but young women who consider seeking or requesting contraception may not do so for fear of being identified as sexually active. Differences in gender roles create separate standards for males and females in terms of the social consequences of pregnancy. For adolescent girls in many countries, an unplanned pregnancy means expulsion from school, while teenage fathers can remain in school. Gender also affects cultural acceptance of behaviours and practices that can jeopardize reproductive health. Females are at higher risk of sexual violence, including rape and domestic violence, than are boys. In many societies, even women believe that husbands are justified in beating their wives under some circumstances.

Norms related to gender and gender stereotypes also influence our notions of sexuality and are reflected in the differences between male and female sexuality. For example, males can express and explore their sexual behaviours/desires freely in most societies, whereas females experience restrictions and impositions for the same behaviour. Consequently, females cannot be sexually assertive and cannot differ from the concept of mutual fidelity as she has been socialized to believe and accept her husband as supreme. For example, a woman finds it extremely difficult to suggest condom use or other methods to ensure safe sex, as the very indication of condom use carries with it notions of infidelity and could threaten her personal security or destroy the relationship. In case she is able to use a condom, she will find it very difficult to prove her fertility in the society as her status and well being (after marriage) is dependent on bearing a son. Furthermore, notions of shame ingrained in females form barriers and lead to denial of expression of their sexuality. Thus, norms related to gender lead to disempowerment of females, including sexual disempowerment, and this subordination encompasses all spheres of her life.

Young men (and men in general) are supposed to derive pleasure from sexual activity, yet young women are not. Young men who strongly believe in male stereotypes have a lower level of intimacy with partners, inconsistently use condoms and have concerns that condoms reduce pleasure, put less value on partner desire for condom use, feel less responsibility for preventing pregnancy and tend to believe that pregnancy validates masculinity, often believe that men should initiate and control sex, which sometimes leads to violent and coercive sexual relations.

- Girls and boys grow up learning different ideas about sex and about sexual behaviour and with 'double standards' about male and female sexual behaviour.
- Men should be able to have sex whenever they want; women's sexual desire does not exist or needs to be controlled.
- Men are responsible for initiating sex and relationships; women are passive.
- Men should be sexually experienced; women should be sexually ignorant.
- Young men should gain sexual experience and have as many partners as possible; young women must 'save themselves' for marriage.

- Men are not responsible for contraception; women who carry condoms are 'not respectable'.

Expectations about female sex behaviour

In societies where young women are supposed to be ignorant about sex, it is difficult for girls to seek information and to take action to protect themselves against pregnancy and STIs. Young women may not see themselves as sexual until they have intercourse and, therefore, will not be prepared to practice safer sex. Young women who carry condoms are commonly seen as 'loose' rather than as being responsible about sex. Gender is an important part of the new reproductive health approach. Gender came to the forefront of the discussions on reproductive health because it was realized that gender issues make a big difference in the effectiveness of programme and efforts intended to improve health and reduce unwanted fertility. Experience showed that, for example, reproductive health clinics were underutilized by some women who, because of gender ideas about where women should and should not talk about, felt uncomfortable asking their partners to use condoms during sex.

7.8 GENDER, SEXUALITY AND ITS IMPLICATIONS FOR HIV AND AIDS

Gender, adolescent and HIV

In most societies, adults act as gatekeepers to young people's access to information about sex and health. Yet many adults access to information about sex will lead to early sexual initiation. The protection of virginity is a key message in young girls' sexual socialization in many cultures. Where virginity among girls is highly valued, young women are inhibited from seeking out sexual and reproductive health information and services. If they do so, they risk being perceived as sexually active, with severe consequences, including expulsion from the home. The adoption of alternative and unsafe sexual practices, including unprotected anal sex, sometimes results from the desire to protect virginity. In many places, unmarried women do not have access to family planning or STD services.

Many young people, especially girls, are also vulnerable to HIV as a result of their desirability to adults who perceive them as "clean" and therefore free from disease. Coupled with this perception are circumstances which compel young people (especially girls) to trade sex for money or goods. The males are also often encouraged by adults and peers to demonstrate their masculinity through early sexual initiation and multiple sexual "conquests," including visiting sex workers as a first sexual encounter. HIV prevention messages that promote abstinence or the delay of sexual initiation among boys without addressing broader gender expectations of masculinity may often simply create conflict and confusion.

Promote gender awareness

HIV prevention programmes for young people and adults that focus exclusively on modes of transmission and safer sexual practices, should include discussions of gender roles, sexuality, and relationships. They should also focus on developing skills to identify and change gender related norms that act as barriers to HIV prevention. Create school- and community-based opportunities for women and men, and girls and boys, to discuss and share experiences and personal prevention strategies. While

mixed sex groups may be appropriate in some settings, separate groups are best for allowing men and women to identify gender-related norms that support behavioural change and challenge those that inhibit such change.

Females are particularly affected by the HIV epidemic, not only because of increased biological vulnerability, but also because of structural social and economic inequities. Various factors are responsible for increasing female's vulnerability and susceptibility to HIV and AIDS. Among the most important factors are gender differences in socialization of young people. Roles that are assigned to boys and girls in matters regarding freedom of mobility, time use, types of education, and decision-making responsibilities within the home. This includes the early assignment of sexual 'privileges' for young men, including those that introduce and subsequently reinforce the idea that sex is a male 'necessity'. In contrast, a set of sexual 'responsibilities' are assigned to young women, including the maintenance of virginity, responsibility for birth control, or exhortations that passivity and ignorance about sex is the best 'protection' a girl can have from sexual interactions.

Gender norms often determine what women and men are supposed to know about sex and sexuality. This limits their ability to accurately determine their level of risk and to acquire accurate information and means to protect themselves from HIV. In many societies, it is inappropriate for women to seek out or have extensive knowledge about sexuality or reproductive health. Men, in contrast, are expected to be well informed about matters related to sex, although many are not. Masculinity norms can make it especially difficult for men to admit this lack of knowledge. In both cases norms may be based on incorrect information or myths.

- Although HIV and AIDS affects both men and women, women are more vulnerable because of biological, epidemiological and social reasons.
- The epidemic is fuelled by situations where macro policies have led to an increase in gender disparities.
- The rapidity of the spread of HIV and AIDS among women can be slowed only if concrete changes are brought about in the sexual behaviour of men.
- The underlying causes and consequences of HIV and AIDS infections in men and women vary, reflecting differences in biology, sexual behaviour, social attitudes, economic power and vulnerability.
- Inequality between the sexes limits women's access to care and services. It also reduces both men and women's opportunities to acquire knowledge about safer sexual practices, and to develop skills to protect themselves from HIV.
- There is a large difference in attitudes towards men and women's sexuality, both within and outside marriage. Promiscuity in men is much more acceptable. This exposes men to an increased risk of infection, and increases the possibility that they will transmit HIV and AIDS to their partners.
- In most societies, girls and women face heavier risks of HIV infection than men because their diminished economic and social status compromises their ability to choose safer and healthier life strategies.
- The proportion of women living with HIV and AIDS has risen steadily in recent

years Women are often infected at an earlier age than men. In some of the hardest hit countries, girls are five to six times more likely to be infected than teenage boys.

- The burden of caring for ill family members is made to rest mainly with women and girls. As the impact of the AIDS epidemic grows, girls tend to drop out of school in order to cope with the tasks of caring for siblings and ill parents.
- The feminisation of poverty is a key characteristic of the socio-economic impact of HIV and AIDS.
- Women forcibly exposed to HIV infection, for example by rape, are being denied their right to life.
- Many social, cultural and economic factors restrict women's right to health and right to access to health care, further increasing their vulnerability to HIV.
- Some women infected with HIV are suffering further denials of human rights through the deprivation of their right to bear children and their right of freedom of reproductive choice.
- For women blamed for the spread of the HIV infection, the right to freedom from discrimination has a powerful meaning. Women are still seen by many as the vectors of HIV infection, suffering stigmatisation, rejection and expulsion from family and community structures.
- Women's right to knowledge has also been transgressed in a number of ways during the course of the HIV epidemic. The recognition of women's right to knowledge is essential to their informed choice and action.
- All over the world, there are social pressures to ensure that women and girls remain ignorant about gender, safer sex, sexuality and relationships as well as HIV and AIDS. They lack access to relevant information, resources and opportunities to develop skills needed to apply that information to avoid HIV infection.
- HIV and AIDS has become a major challenge to gender equality and the advancement of women. Yet the same gender roles and relations that enhance women's vulnerability to HIV and AIDS also increase some of the risks for men. Prevailing views about masculinity and manliness encourage men to demonstrate sexual prowess by having multiple sexual partners, and by consuming alcohol and other substances that may lead to risk-taking and violence.
- An HIV-related illness in the family affects men and women differently, and its impact also varies depending on whether the person who falls ill is female or male. In many instances, when a man falls ill there is likely to be a drop in disposable household income.
- Women have found it difficult to overcome these barriers of silence and have not been able to open up communication with clinicians and counselors — the two critical pillars to assist a women to overcome the impact of the epidemic.

7.9 LET US SUM UP

Sex

- Is identity, the biological difference between men and women.
- Is genetically determined.
- Is fact of human biology, we are born male or female.

Sex Differences

Only small portion of the difference in role assigned to men and women can be attributed to biological difference e.g. pregnancy, child birth, breast feeding chromosome, external and internal genitalia (reproductive organs) hormonal states and secondary sex characteristics.

Gender

- Is how we are shaped after we are born in society.
- Identity of men and women is socially, psychological, and culturally determined.
- Is socially determined differences between men and women e.g. role, attitude, behaviour, relationship and values.
- Is a relational term that includes both men and women and their social relationships.
- Is stereotyped image of men and women.
- May determine self concept and self esteem.
- Describes the different power structure inherent in relationship.
- Roles are learned and vary across the culture and change over time.
- Identity is constantly reinforced by society
- Is constructed by society and, therefore can be changed.
- Is learnt through the process of socialization through the culture of the society.
- Is a variable, changes from time to time, culture to culture, even family to family.
- Is learned from birth and reinforced by parent, teachers and peers.
- Is but one of a number of other differential e.g. caste, class, relationship, religion, race etc.
- Questioning may feel threatening, attacking the very foundation of our understanding, ourselves, our culture, social relation and tradition.

- Is not given by nature but is acquired

Gender roles/relations are

- Based on customs and traditions
- Learnt through process of socialization
- Differ from culture to culture
- Passed on from generation to generation like language
- Change over time
- Influenced by caste, class, religion and relationship
- Rest in structure of society
- Arbitrary-do not relate to sex
- Can be transformed by social change
- Induced by economic transformation, incentive, legislation
- Structured in inequality and subordination

Gender stereotypes

Gender stereotypes are organised set of beliefs about characteristics of male and female- it includes physical appearances, attitude, interest, socio-psychological traits, occupation etc. Traits associated with male are described superior or positive whereas female described as inferior or negative.

Changes during adolescent period

Biological

- Puberty begins and body changes; growth spurts occur.
- Ovaries mature in girls in preparation for menstruation.
- Menstruation begins in most girls.
- Breasts enlarge in girls.
- Hips widen in girls.
- Girls are able to get pregnant.
- Boys can produce sperm.
- Genitals enlarge.
- Acne develops.
- Boys experience nocturnal emissions ("wet dreams")

- Muscles enlarge in boys.

Gender, sex and HIV/AIDS

- Gender inequalities are a major driving force behind the AIDS epidemic. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves against HIV and AIDS and cope with its impact.
- Reversing the spread of HIV, therefore, demands that women's rights are realized and that women are empowered in all spheres of life. Gender-based inequalities lap with other social, cultural, economic and political inequalities and affect women and men of all ages.
- A variety of factors increase the vulnerability of women and girls to HIV. They include social norms that deny women sexual health knowledge and practices that prevent them from controlling their bodies or deciding the terms on which they have sex.
- Social norms reinforce their lack of understanding of sexual health issues and at the same time celebrate promiscuity. This vulnerability is further increased by the likelihood of engaging in substance abuse (such as alcohol and other drugs).
- Comprehensive prevention and care programmes that take into account a wide range of social, economic cultural and political factors are more likely to stem the epidemic.
- Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV infection, the ways in which AIDS affects them, and the kinds of responses that are feasible in different communities and societies.
- To address the gender imbalance fueling the HIV and AIDS pandemic, a number of approaches are available to programme working with men and women on prevention and care.

7.10 STUDENTS ACTIVITY

The facilitator will give the participants a hand out of statements some of which refer to 'sex' and some to 'gender'. Ask them to answer each statement in terms of Gender or Sex. (G/S) The participants with correct answers may convince those with wrong answers.

A list of illustrative statements are given below:

- Women are better at caring for children than men (G)
- Women breast feed babies (S)
- Postmortem is done by male doctor (G)
- Male voice break at puberty (S)
- Men are sexually more aggressive than women (G)
- Women menstruate and also undergo menopause (S)

- Men are soldiers, because they are brave and can use weapons to fight (G)
- Women have broad hips than men and so their gait is more attractive (G)
- Women's illness are mostly psychosomatic (G)
- Women give birth to babies, men do not. (G)
- Little girls are tough, boys are gentle. (G)
- Women can breast feed babies, men cannot. (S)
- Girls cry so much for anything small; Boys do not cry, they just sulk. (G)
- Housework is natural for women. (G)
- Pink clothes are for baby girls; Blue clothes are for baby boys. (G)
- Taxi driving is suitable for men only. (G)
- Men's voices break at puberty, women's do not. (S)
- Men wear trousers, women don't. (G)
- Men do not fall like women; they usually resist. (G)
- Men marry women; women are married. (G)
- Women are naturally good cooks. (G)
- Women have no sexual needs; Men have sexual needs. (G)
- Women are not aggressive and so cannot manage business ventures. (G)
- Men are natural leaders (G)

7.11 UNIT-END EXERCISES

1. Why the study of adolescent sexuality is important in the context of HIV aids?
2. What are the gender implications of sexuality?
3. Describe the gender dimensions of HIV/AIDS? How men and women affected differently by HIV/AIDS.

7.12 SUGGESTED READINGS

Golomboko and Robryn F. (1994): *Gender Development*, Cambridge University Press.

Ferre Myra Marx Judith Lorber (ed.) (1999): *Revising Gender*, Sage Publication: New Delhi.

Oakely A. (1982): *Sex, Gender and Society*, Pitman Press: Bath.

Kabeer Naila (1994): *Reversed Realities: Gender Hiararchies in Development*, Verso: London.

Lorber, Judith (1994): *Paradoxes of Gender*, Yale University Press: New Haven.

Bleir, R. (1989): *Science and Gender*, Paragon: Oxford.

Brike. C. (1986): *Women, Feminism and Biology*, The Feminsit Challenge: Harvester.

Moser, C. (1993): *Gender Planning and Development*, Routledge.

Gupta, Geeta Rao, (2000): *Gender, Sexuality, and HIV/AIDS*.

The What, the Why, and the How, ICRW Washington, D.C. U.S.A. Plenary Address, XIIth International AIDS Conference, Durban, South Africa, July 12, 2000.

Gupta, Geeta Rao and Weiss, Ellen, (1993): 'Women's Lives and Sex: Implications for AIDS Prevention, Culture', *Medicine and Psychiatry*, Vol. 17 No 4: 299-412.

Nath, M., (2001): *From Tragedy Towards Hope: Men, Women and the AIDS Epidemic*, The Commonwealth Secretariat: London.

UNAIDS, (2002a): *Report on the Global HIV/AIDS Epidemic*, UNAIDS: Geneva.

'The Faces, Vocies and Skills Behind the GIPA Workplace Model in South Africa' (2002), UNAIDS Best Practice Collection, UNAIDS: Geneva.

Report on the Global HIV/AIDS Epidemic, (2000), UNAIDS: Geneva.

7.13 ANSWERS TO CHECK YOUR PROGRESS

1. Sex refers to the biological characteristics by which we identify males and females. They are the characteristics one is born with. Gender means the state of being male or female. It is imbibed and learnt through a process of socialization.
2. Gender roles are socially and culturally determined and may differ from society to society. These are the roles which both the sexes are capable of doing. Sex roles are biologically determined and are universal.
3. Gender inequality — If refers to the fact that society have different types of expectations depending on whether the baby is a boy or a girl for which they are socialized from childhood so that he/she accepts these norms as normal and natural.
4. Sexuality is a composite term and used to denote central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction.

UNIT 8 CORE LIFE SKILLS

Structure

- 8.1 Introduction
- 8.2 Objectives
- 8.3 Concept of Life Skills Education
- 8.4 Importance of Life Skills Education
- 8.5 Core Life Skills
- 8.6 Development of Core Life Skills
 - 8.6.1 Implications of Developmental Theories on Life Skills Development
 - 8.6.2 Cycle of Life Skills Development
- 8.7 Qualities of Teachers as Life Skills Developers
- 8.8 Effective Teaching Methodology for Imparting Life Skills Education
 - 8.8.1 Role Play
 - 8.8.2 Group Discussion
 - 8.8.3 Debate
 - 8.8.4 Case Study
 - 8.8.5 Quiz Contest
- 8.9 Let Us Sum Up
- 8.10 Unit-end Exercises
- 8.11 Suggested Readings
- 8.12 Answers to Check Your Progress

8.1 INTRODUCTION

In the previous units of this course, you have learnt that adolescents are the group of people in the age group of 10-19 years. This group of adolescents is not homogenous, and also has very distinct behavioural characteristics. These behavioural characteristics are peculiar, because of sudden development in physical structure, emotions and cognition of adolescents. You have also understood that if this group is not channelized in the right direction then the future of a country cannot be bright. Therefore, it becomes important to invest resources to promote adolescent wellness. Again, majority of the group is at risk because they become unhealthy and maladjusted due to pressures from the world. When we say they are not healthy, we not only mean physical but mental health as well. A skilled and healthy adolescent can take independent decisions and have positive outlook towards society.

Various long-term and short-term interventions have been formulated to develop adolescent's abilities to contribute to society, family and to themselves. One such intervention is Life Skills Education. In this unit, we will understand about the importance and types of core life skills. This unit will also equip you with various teaching methodologies, which you can use in your classroom to develop life skills in your students. For your convenience, this unit is divided into eight subsections.

8.2 OBJECTIVES

After the completion of the unit, learners will be able to:

- understand the concept of life skills education;
- classify the core life skills;
- analyze the contribution of development theories in life skills development;
- explain the process of life skills development;
- evaluate the qualities of teachers in life skills development;
- suggest teaching methodologies for development of life skills.

8.3 CONCEPT OF LIFE SKILLS EDUCATION

Before you understand what comprises life skills education, let us first understand the meaning of the term life skills. The term is being widely used nowadays but it is often used interchangeably with livelihood skills. But the two are different. Livelihood skills as the name suggests, are skills, related to generate income to fulfill one's household/ individual economic goals. These skills basically involve vocational skills, business management skills etc, where as life skills encompasses all the dimensions of human life, be it economical, social or psychological.

World Health Organization (WHO) in 1993 defined life skills as, "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with demands and challenges of everyday life."

UNICEF defines life skills as, "a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills."

Therefore, life skills are a large group of psycho-social and interpersonal skills, which can help people, to make informed decisions, communicate effectively and develop coping and self management skills that may help an individual to lead a healthy and productive life. Since skills are abilities, hence it is possible to practice them.

You may agree that it is important to give life skills education to students, teachers and community members as they help in improving quality of life. Now, you must be questioning yourself what does life skills education include?

To understand life skills education we can divide it into two parts-first is 'information', particularly on issues such as health, drug use, alcoholism etc, which has to be imparted to the adolescent group. The second is 'life skills development', i.e., helping adolescents to equip them with the necessary skills to utilize the information. The question arises who will give this life skills education? The answer is all the members of community such as parents, peers and also you. As a teacher you have an important role to play, which will be discussed later in this unit.

8.4 IMPORTANCE OF LIFE SKILLS EDUCATION

As discussed above, life skills education helps an individual to explore various alternatives to attain the state of complete physical, mental and social well-being. Hence, the life skills education is just not information sharing but also skill development which helps the person to live successfully and function efficiently in the different roles as family, community and workforce.

It is important to understand how life skills promote healthv and socially accepted adolescents.

1. Life skills help adolescents to transit successfully from childhood to adulthood by healthy development of social and emotional skills.
2. It helps in the development of social competence and problem solving skills, which in turn help adolescents to form their own identity.
3. It helps to weigh pros and cons of the situation, hence, act as a mediator to problem behaviour.
4. It promotes positive social norms that can impact the adolescent health services, schools and family.
5. It helps adolescents to differentiate between hearing and listening and thus, ensuring less development misconceptions or miscommunications regarding issues such as drugs, alcoholism etc.
6. It delays the onset of the abuse of tobacco, alcohol etc.
7. It promotes the development of positive self-esteem and teaches anger control.

Therefore, if the life skills education programme is conducted/completed successfully, it will surely help the adolescents to face the most difficult period of their life.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answers with those provided at the end of this unit.

1. Define life skills in your own words.

.....

.....

.....

2. Why is life skills education important for adolescents?

.....

.....

.....

8.5 CORE LIFE SKILLS

After understanding the concept and importance of life skills it becomes important to know, various types of life skills, which have been identified by agencies such as WHO, UNICEF etc. As it has been discussed in earlier part of the unit, any life skills education programme has two parts i.e. information and, skill development. As a teacher, you must also know these types so that you can develop them in your students for their healthy development.

There are ten core life skills, which have been identified. World Health Organization has categorized them into three components as shown in Table 8.1.

Table 8.1

Core Life Skills

Critical thinking skills/ Decision-making skills	Interpersonal/communication skills	Coping and self- management skills
1. Decision-making	4. Effective communication	8. Stress management
2. Critical thinking	5. Negotiation/refusal	9. Coping with emotions
3. Problem-solving	6. Empathy	10. Self-evaluation
7. Interpersonal Skills		

Let us now understand meaning of each life skill in detail.

(a) Critical thinking skills/Decision-making skills

1. Decision making skill

You as a teacher take decisions about what content has to be taught and how it can be delivered effectively. Not only you but your students also have to take decisions. Therefore, it becomes important that they learn to take correct decisions. This can be achieved through an effective decision-making. Decision-making is a process to determine alternative and constructive solutions about problems.

2. Critical thinking skill

Critical thinking skill is an ability which helps to analyze information and experiences in an objective manner. It also helps us to evaluate the influence of decisions taken on our own values and values of people who are near to us. Adolescents are most of the time influenced by media and-peers. This skill can assist them to assess the pros and cons of the situation and help them to evaluate their actions.

3. Problem solving skill

It is an ability to identify the problems correctly, understanding its sources and causes very constructively. These causes have to be reduced or eliminated. This skill also assists in choosing the best alternative from many to solve the problem.

(b) Interpersonal/Communication skills

Core Life Skills

4. Effective communication

Communication is an important process which is used by an individual to transfer ideas, information or feelings to others. You would agree that unless the communication is effective, the purpose of communication fails. Effective communication skill helps to express oneself both verbally and non-verbally through gestures, in way that messages are not distorted and, more over, it is appropriate to one's culture and situation. Therefore, effective communication includes active listening, ability to express feelings and giving appropriate feedback.

5. Negotiation/refusal skill

Sometimes, an individual is put in a situation, where he/she does not want to remain for a long time. This induces lot of dissatisfaction in an individual. For example, a child is bullied or abused by his/her classmates. This can put him/her in a state of depression or detachment. Then, negotiation skill will help that child to negotiate, without getting aggressive towards them and thus helping him/her to become more acceptable.

6. Empathy

It is an ability to imagine and understand what life is like for another person, even in a situation that you may not be familiar with. It is important for an adolescent to develop positive outlook towards others and feeling of cooperation, which is necessary for preparing the foundation for adulthood.

7. Interpersonal skill

You would agree that team work is required to the successful completion of a project. For example, if you want to organize an exhibition in your school, then, who all will provide you help? The Principal, your colleagues, or the fellow students? The skill, which is required to co-ordinate work with the involvement of all people, is called Interpersonal skill. This skill helps an individual to relate in a positive way with fellow beings. Development of this skill enables an individual/adolescent to be accepted in the society. He/she also develops the acceptance of social norms, which is essential to prevent an adolescent to follow delinquent behaviour.

(c) Coping and self-management skills

8. Coping with stress/stress management

Adolescence is a vulnerable period of development and rapid developmental changes cause stress. Erickson has propounded that in this period individual wants to have his/her own identity. If proper direction is not given then he/she feels stressed out. Therefore, this skill helps in recognizing the sources of life stress and directs an individual to choose a way that can control the heightened stress level.

9. Coping with emotions

Briggs concluded that emotional development is complete by the age of 2yrs. But, have you observed any difference between adult and adolescents, when they respond to their emotions? The adolescent generally shows heightened emotions as compared

to an adult and we end up in concluding that this group is immature. This skill is involved in recognizing the emotions and also helps to respond to those emotions appropriately. Since, emotions also influence the overt behaviour, this skill becomes more important for the constructive personality development.

10. Skill of self evaluation/self awareness

This skill includes the recognition of one's self esteem, internal locus of control, likes and dislikes. If an adolescent is able to recognize them, then he/she starts believing that they can make a change in the world. Therefore, they start looking at themselves and world more positively.

The above ten core skills, help an individual to avail of opportunities and prepare him to face the threats. This leads to develop social consciousness about their valued person in lives like family and the society. Life skills entail an individual to identify pros and cons and hence, build a community feeling.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

3. Choose four life skills, which you think are most important for an adolescent, Support your answer with valid reasons.

.....

.....

.....

8.6 DEVELOPMENT OF CORE LIFE SKILLS

We have already discussed that the life skills education has two parts-information and skill development. The first part i.e. information comprises the concept & types of life skills which has already been discussed. By now, you also agree that development of a life skill is very important not only for adolescent but for each human being.

8.6.1 Implications of Developmental Theories on Life Skills Development

Theories about how children and adolescents learn have always helped us to understand theories and their process of learning. They also provide base to the development of life skills approach. In this section, we will analyze how these theories contributed to the development of life skills in an individual.

i) Moral development

Moral development can be defined as "the development of values and rules a person uses for balancing the conflicting interests of the self and others." (Weston, 1996). Kohlberg has divided moral development into three stages: Pre-conventional, conventional and post-conventional. The child moves from his occupation with the consequence of behaviour on oneself to moral judgments that incorporate the right

of others and finally, incorporates universal ethics. (Newman, 1998; Kohlberg, 1976) It is important to remember how a child develops morals. You might have studied in the course of psychology of learners that psychologists have different views on it. Behaviourists like Watson believe that child learns through observation and modeling. While, cognitivist believes that moral development proceeds in a same way as cognitive development.

ii) Social learning theory

You have already read about learning theories earlier, and if you recall that this theory is based on the work of Albert Bandura. His theory emphasises that:

- a) The behaviour is modified by the consequences of their own actions as well as by the response of others significant in the life of an individual.
- b) Bandura also stressed that children learn to behave through your observation and social interaction

Bandura (1997) also concluded that development is not just an outward behaviour but also internal behaviour (such as self-efficacy, self-concept). Can you just reflect and think that what implication will this theory have on the life skills development? What is your role as a teacher in life skills development? You would agree that your role is just not limited to impart knowledge but also to be a role model which you students can follow. Since the life skills development programme is skill-based, it must focus on both internal as well as external development of behaviour. The best ways to ensure development would be through role-playing, discussion etc, which will be discussed in detail in the later part of the unit.

iii) Cognitive development theory

Piaget and Vygotsky in their theories of cognitive development stressed that learning is a result of disequilibrium, which is created due to conflict between the new knowledge learnt and old concepts. An individual tries to attain equilibrium particularly through inter-actions with the peers or with more knowledgeable people like teachers. Vygotsky argued that "learning awakens a variety of internal processes that are able to operate when child starts interacting with peer". Therefore, we can say that learning is a social phenomenon.

You might be thinking how these learning theories are related to development of a life skill. Development of a life skill is also a learning process. Therefore, all these theories have a significant implication of life skills development. It can be concluded that the life skills are developed through peer collaboration by using problem solving approach. The learning occurs in cultural context. Therefore, life skills should be imparted in their cultural environment too. The social learning theories have put forward that modeling and observation is used by individuals to learn behaviour. Therefore, these methods can be used to develop life skills in classroom, which will be discussed in the later part of the unit.

8.6.2 Cycle of Life Skills Development

As discussed above, the various theories of development have their own implications on the life skills development. The important point which has been highlighted is that the life skills cannot be developed in isolation from the society rather, they need a

collaborative effort. Socialization of the child starts from home but it is fostered formally in school. Therefore, school becomes an important place to develop life skills and you, as a teacher, have a major role to play in life skills development.

From learning theories, we have also learnt that behaviour is learnt if it is reinforced i.e., if we want that the behaviour may become retentive, then it has to be practiced. Therefore, important aspect in life skills development is practicing of a behaviour. Hence, the skill development programme can have three parts:

a) Information about life skills

As the name suggests, this part of the programme would only deal with providing information about the importance and types of life skills. This will also involve defining each life skill and providing examples where a particular life skill can be used.

b) Life skills rehearsal

At this stage, an individual is given a platform where he/she can do the rehearsals of the life skills which has been learnt in phase one in a hypothesized situation. This will give an individual a chance to perform that particular life skill. Since a life skill can be learnt collaboratively, therefore, it has to be organized in a group and an individual can improve from the suggestions given by the other members in the group. This can be repeated number of times by giving different situations, till the learners understand it completely.

c) Life skills maintenance

At this stage, an individual will be encouraged to become self-directed, so that he/she becomes capable to use these life skills in his/her own life to lead a happier life.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

4. Why is it important to maintain the life skills, which an individual has learnt?

.....
.....
.....

8.7 QUALITIES OF TEACHERS AS LIFE SKILLS DEVELOPERS

You as a teacher play an important role in the lives of your students. Although development of a life skill can be done by other members of the society such as counselors, parents, psychologists, health workers etc, but still, teachers have a powerful impact over learners because they consider them as their role models. Since, learners usually spend most of their time in the schools, schools also have a very important responsibility.

Before, understanding how you can impart life skills education in classroom, it becomes

relevant to understand, which qualities should be possessed by you to provide life skills education. There is no doubt that you do bear these qualities but important is to use these qualities to help your learners develop positively.\

- a) Ability to guide and facilitate in right directions.
- b) Good knowledge about the content, i.e., concept of life skills education.
- c) Being supportive and empathetic.
- d) Leadership qualities to guide a group.
- e) Willingness to learn and accept new concepts.
- f) Trustworthiness.

8.8 EFFECTIVE TEACHING METHODOLOGY FOR IMPARTING LIFE SKILLS EDUCATION

Before teaching a particular concept in a classroom, you plan your activity. In this same way, whenever we have to develop any skill, we have to think about the critical aspect i.e., how to impart/develop these skills.

It has already been discussed that the first step for life skills development is, providing information about the concept of life skill'. If you go back and reflect upon the discussions about various theories of development, it was discussed that social interaction is very necessary for behaviour development. Therefore, to acquire particular life skills involves peer support, cooperative learning and constructive feedback and also modeling by peers and adults. This provides us an insight into the various methods which can be used in classrooms. The following section will help you to understand various methods which can be used to acquire or develop a life skill.

8.8.1 Role Play

Role play is an activity presenting a spontaneous play which describes possible real life situations or activity. You can involve number of participants to imitate someone else's character by giving a hypothetical situation to the group. For the development of any skill, it is important to note that Role play provides an opportunity to the learners to have an experience of applying a life skill. Through role play, they can expedite practicing skill of assertiveness, interpersonal skill, communication skill etc.

8.8.2 Group Discussion

As it has been understood by you, a life skill can be best learnt through interactive process. Group discussion is one such educational activity, which provides an opportunity to the students to interact on a critical issue. The discussion has to be initiated by the teacher and this activity activates and invokes serious thinking on the issues related to their own lives. You can have discussion on the topics, for example, drug abuse among adolescents, HIV and AIDS a developmental problem rather than medical problem etc. This will help them to learn more about these issues.

8.3.3 Debate

Debate is again an interactive medium of learning for the students. In debate, there is a two member team, one speaking for the motion and other against the motion. This provides learners to think about possible causes of the problems and also allows them to examine alternatives. Can you suggest, which skills can be developed through debate? Basically, communication skill, since it allows interaction, skill of assertiveness as it allows putting forward one's own view and also critical thinking as they are weighing pros and cons of a situation

8.8.4 Case Study

It is an effective tool as it focuses on a particular problem and also helps an individual to understand all the aspects of that problem. This activity allows them to put forward various dimensions about a particular problem. For example, when a student is given an opportunity to conduct a case study of a HIV/AIDS infected patient, then he/she will find out the possible causes of infection, changes in behaviour pattern, and emotional trauma faced by that individual. This means the case study allows the student to have comprehensive view about a particular problem, which in turn, helps them to become more sensitive towards the problems of others. This activity is helpful in developing interpersonal skill, empathy, self-awareness and critical thinking skill.

8.8.5 Quiz Contest

Quiz contests have been very popular activity both within and outside educational institutions. It enables students and other participants to gather varied information on the selected theme or topic and understand the implications of different aspects of the concerned issues. This activity creates a motivated environment for audience, in which learning takes place in an involved manner. It provides opportunities to participants to get exposed to various dimensions of different issues and acquire authentic knowledge about them. It helps in the development of critical thinking skill and communication skill.

You have to decide which methodology you will use to impart the life skills education. Moreover, you can innovate your own style since the ultimate goal is to provide adolescent learners a safe environment with positive peer support to develop constructive thinking.

8.9 LET US SUM UP

In this unit, you have learnt about the concept of life skills as abilities for adaptive and positive behaviour that enables individuals to deal effectively with challenges and demands. Although, life skills education is important for all, it is specifically more important for adolescents as it helps them to adjust with the several changes occurring in their bodies, moods and emotions. Development of life skills involves information about life skills, life skills rehearsal and life skills maintenance. In this unit, it was also discussed that the teacher should possess qualities such as 'trustworthiness', etc, to develop these skills in the classroom. Therefore, teacher's role cannot be underestimated and finally in the unit various teaching methodologies such as role play, discussion forum, debates etc were discussed which can be used by the teacher for the successful development of the life skills.

8.10 UNIT-END EXERCISES

1. Discuss the importance of life skills education for the adolescent group.
2. Suggest other possible teaching methodologies apart from given in the text for imparting life skills education.
3. How do the development theories have implications on life skills development?

8.11 SUGGESTED READINGS

Handbook for Teachers, *YUVA*, State AIDS Control Society: Delhi.

Introduction to Life Skills. (<http://worldnet.scout.org./scoutpax/en/a/a.>)

Life Skills Development; Co-curricular Activities: A Module, NCERT: New Delhi.

Safe Space for Young People: Are View of AEP, A NACO & UNICEF Publication.

What Are Participatory Teaching Methods? (www.unesco.org.)

8.12 ANSWERS TO CHECK YOUR PROGRESS

1. Life skills are those psycho-social and interpersonal skills which help an individual to lead a healthy and productive life.
2. Life skills education is important for adolescents as it helps to develop healthy and positive life style among them as well as help in the development of social competence and helps them to find their own identity.
3. i) Critical thinking skill — This will help adolescents analyze information and experience which will in turn help them to assess the pros and cons of their actions.
 ii) Effective communication skill — This will help to transfer ideas and their feeling to others and will also help them to satisfy their inquisitiveness
 iii) Problem solving skill — This will help an adolescent to analyze a problem and find the best solution.
 iv) Stress management skill — Since adolescents are stressed both physically and mentally this skill help them to cope up with the new changes and challenges.
4. Life skills help an individual to lead a healthier and positive life therefore, it is important to maintain them throughout life.

UNIT 9 ROLE, FUNCTIONS AND RESPONSIBILITY OF TEACHERS

Structure

- 9.1 Introduction
- 9.2 Objectives
- 9.3 Need
- 9.4 Role and Functions of the Teacher
 - 9.4.1 Life Skills Development Approach
 - 9.4.2 Various Strategies and Methods
 - 9.4.3 Essential Considerations
- 9.5 Responsibility of the Teacher
- 9.6 Let Us Sum Up
- 9.7 Unit-end Exercise
- 9.8 Suggested Readings
- 9.9 Answers to Check Your Progress

9.1 INTRODUCTION

The human race on this planet has been living with HIV and AIDS for over a quarter century now. Young people in our class rooms were born when HIV and AIDS was already present. However, very few are aware of its magnitude and impact on the future of mankind. It is a life style problem which can be prevented through education and behaviour modification.

Statistics from across the globe indicate that most of those infected with HIV are in their productive and reproductive age group (15-50 years). This trend is true for India as well where nearly 90 percent of the infected are reported to belong to this age group.

With the advent of Satellite Communication network, market economy, consumerism and globalisation process, drastic changes are taking place in the society leading to adoption to new and risky life styles especially among adolescents and young adults. Much of media message offer more harm than protection to the young people. There is much resistance among the youth to follow traditional practices and advice of parents and elders. The tendency among them is to confide in the peer group.

Educational institutions continue to have greater influence on the young mind than parents and religion. A child spends considerable amount of time in school and college. Therefore, teachers and educational institutions have a greater say in imparting accurate and adequate information regarding life skills especially on the sensitive matters such as HIV and AIDS.

9.2 OBJECTIVES

After studying this unit, you will be able to:

- identify the role of the teacher in imparting Life Skills Education;
- explain the need of mastering life skills to avoid unhygienic practices leading to HIV and AIDS;
- understand the importance of value based information;
- explain the role of curriculum transaction in the prevention of HIV and AIDS

9.3 NEED

The main components of the education system are the teachers, the students and the curriculum. The most crucial of these is the teacher. He/she occupies a key position for the success of any educational programme. He/she has an exclusive role in handling immature children and helping them to become worthy and useful citizens of society. Thus, teacher directly or indirectly brings about change in the behaviour of pupils as regards knowledge, attitude and competencies. Positive attitude/values, awareness, self esteem, coping with emotional stress, appropriate concepts about sexual health education are the skills which should be essentially developed among the youth. This function can be performed best by the teacher.

The following facts highlight the significant role of the teacher:

- Education in life skills is essential for promoting healthy interaction and positive behaviour among individuals.
- How an individual perceives the world and self esteem, is important in forming the personality.
- Young people need skill and competency to deal with increasing demands and stress they experience in their day to day living.
- Our adolescents need psycho-social competency and ability to develop healthy life style and responsible behaviour.
- Most of the infections occur among young people in their reproductive age group.
- There are many myths and misconceptions regarding HIV and AIDS, sex and sexuality among people which need to be busted.
- Most parents feel uncomfortable in discussing matters pertaining to HIV and AIDS with their children.

9.4 ROLE AND FUNCTIONS OF THE TEACHER

9.4.1 Life Skills Development Approach

Life skills development approach is an integral part of all encompassing process of

socialization that continues through out the human life. School education is an essential part of this process. Individuals apply the acquired life skills in different contexts differently. Thus, it is a process of development of skill application ability. The approach frame work of life skills development has the following four major strands.

- **Context** Educational programmes have to be designed keeping in view the context.
- **Content** While designing, the content area also has to be seen. For more sensitive issues much care is required in developing life skills.
- **Activity** It is very important to identify which activity will be more effective in developing specific life skills.
- **Process** An activity can be organized to attain different objectives. It is the process of organizing the activity that makes a fundamental difference by providing exact direction for attaining the desired objective.

9.4.2 Various Strategies and Methods

It has been felt that some issues which are very sensitive in nature are not covered in the existing curriculum. To introduce different life skills is the pressing demand of the time. Age-old inhibitions from the adult world is the greatest obstacle in such planning. Moreover, it is difficult to incorporate life skill based curriculum in the present existing system. It will require a different pedagogy to be formed. In the view of this, the following strategies may be adopted to facilitate the institutionalization of this curricular area in the content and process of social education and teacher education:

- Effective school health programmes should be organized that follow the newly evolved framework for skill-based health education that would enable students to acquire the requisite knowledge and develop attitudes, values, life skills and services needed to live an adjusted life and to avoid health risks such as HIV infection. Actually, the needs of the young people presently are not realized. It requires awareness on the part of curriculum planners and the practicing teachers to work out educational programmes around relevant life skills.
- Formal and Non-formal HIV and AIDS prevention programmes can be arranged that address various life skills in the school as well as for out-of-school youth who do not attend the formal school.
- Co-ordinated school-community programmes that increase access to information, resources and services at places and times and in the manner that are likely to be appealing and acceptable to young people who do not attend school as well as those who do, including peer education, distance learning and new technologies for learning.
- In this regard interaction with media persons, teacher educators, curriculum developers, policy framers and parents can be useful. Increasing use of mass media can be another important method.
- Integration of school curriculum — A detailed curriculum has to be framed where reproductive health is given due emphasis.
- School syllabi and text books have to be reviewed to identify the scope of life

skills needed material for facilitating effective integration of the life skills with the entire educative process. Text book writers, teacher educators and other concerned educational functionaries can also make great contribution.

- Co-curricular activities — A teacher in the school can organize co-curricular activities, quiz competition, group discussion, value clarification, role play, case study, essay competition, painting/poster competition, symposium poetic recitation, etc, that may prove very effective in not only providing accurate and adequate information to students but also inculcating in them positive attitude and responsible behaviour.
- Interactive and innovative methods — For imbibing the life skills, the traditional method may not be effective. New interactive question answer method has to be evolved. Life skills can be developed using pedagogical methods whereas reproductive and sexual health is to be focused so that youngsters can cope with stress and peer pressure etc. But one very important thing should not be forgotten that teachers can transact such a curriculum and pedagogy only when they also get proper training for this. Methods developing interpersonal skills and positive attitudes should be preferred. Special emphasis should be given on experimental learning. Learners are to be engaged in a dynamic teaching-learning process so that the learning leads to an active acquisition, processing and structuring of experiences. In passive learning, the teacher passes on information mostly through a didactic teaching method and the learner is the recipient of information. But education for skills development requires the teaching-learning process to be both active and experimental. Let us further elaborate that by using these interactive methods many life skills which are interrelated can be developed.
- Communication skill — A teacher can develop communication skill among the students by:
 - a) Emphasising the importance of listening.
 - b) Giving opportunities for expression.
 - c) Receiving feedback.
- Negotiation and conflict management skill may be helpful when an individual is running through a conflict. For instance the parents want their child to select a vocation of their choice. A child has to learn how to assert himself. This negotiation skill can be developed in the child by the teacher.
- Empathy — A teacher must imbibe the feeling of empathy in the students so that they can understand the problems of other. It always takes the individual towards right path i.e., welfare of the society.
- Co-operation and team work — One must assess his/her own abilities. Teachers ideology has a great influence on students. He/she can help them to appreciate as to how essential it is to show respect for others and contribute to the group. Working in a team always teaches the child co-operation and other desired values such as goodwill, respect for other views, feeling of brotherhood etc.
- Decision making/problem solving skill — It is an established fact that one has to face various kinds of problems in different walks of life. It is the ability of the individual as to how efficiently he/she manages the situations. A teacher should,

therefore, try to develop the decision-making life skills among the learners so that they can evaluate the future consequences and select the best alternative.

- Critical thinking skill — The Youth are more influenced by the peer group and media. Teacher can help the learners to develop the desired life skill of critical thinking in forming the right attitude, belief and social norms. There has been knowledge explosion during recent decades. So a teacher must help the child to identify the relevant and best information
- Life skills for confidence — To lead a healthy life one requires confidence which can be imbibed by the teacher effectively. Teacher can guide the students to set high goals thus taking the society ahead. Teacher can guide the learners in the direction of self-assessment to know one's own strengths and weaknesses.
- Skill for managing stress — In this competitive era we find most people stressed. Most of the time it has been noticed that some students are not able to manage their time as they do not have proper study habits. They are not aware about how to work or when to relax and thus remain stressed unnecessarily. Teacher can help such students in managing time and to minimize stress.
- Life style-based interventions — It is common to observe that HIV and AIDS is a life style disease. Pre marital sex and extra marital sex are certain immoral life style practices which are high-risk activities. Related educational interventions should be addressed to such issues. This will be a great function on the part of the teacher, taking the whole society on the right path.
- Adoption of positive attitude — HIV and AIDS affected persons are generally discriminated against in the society as a whole. There is a need to adopt positive attitude towards HIV and AIDS affected people. Feeling of fear associated with HIV and AIDS tend to produce negative impact which brings a stigma, a discrimination against those who are infected. A teacher is in a best position to spread the message through formal or non-formal teaching that HIV and AIDS is curable.
- Moral education — India being a land of many religions, there is a need to put in place a culture-specific strategy for educating the learners on sensitive topics which will have public support.
- Common good over individual interest — Life skills education should follow such strategies which will have the support of a responsible society where the majority follow social norms and values which are aimed at common good.

A teacher can establish the link between health and education. During the World Education Forum (Dakar Senegal, April, 2000) the joint programme of UNESCO, UNICEF, WHO and the World Bank, Focussing Resources on Effective School Health (FRESH) was launched. It is aimed specifically at strengthening the link between health and education, and to raise awareness among ministers and decision makers in general about the need to create a global and effective programme on school health among the strategies on education for all. The four pillars of the FRESH approach are:

- a) Clear school Health policies on HIV and AIDS prevention.
- b) A healthy environment

- c) Skill-based education for the prevention of HIV and AIDS.
- d) School-based counselling and student clubs for HIV and AIDS prevention.

The teacher, thus, becomes one of the most important agent to improve health as well as education while combating AIDS.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. List some of the main strategies a teacher can adopt in developing life skills among the learners.

.....

.....

.....

9.4.3 Essential Considerations

The above mentioned strategies and methods adopted by the teacher to develop life skills among the learners depend on certain factors indicated below:

Teacher Training — Teachers may feel threatened and uncomfortable in their new role. For educators to be able to teach life skills/sexual health education and HIV and AIDS prevention comfortably and completely, it is necessary that they may be trained otherwise, they will be at a disadvantage in dealing with the people at risk from HIV infection. It demands well trained experienced educators who have themselves acquired specific skills that allow them to be effective behaviour change agents in the school.

- Besides the trained teachers, curricula should be relevant to all pupils.
- Supportive environment of peer-group, family and community is required.
- Co-ordination with media must be there.
- Sound theoretical base in influencing health related risky behaviour.
- Time factor to be kept in view.
- The programme goals, teaching methods and materials need to be appropriate to the age, experience and culture.
- Text book material and contents in general should be appropriate and conducive to the development of life skills.
- Develop mechanisms to allow involvement of students/young people, parents and the wider community in the programmes at all stages.

Thus, a collaborative approach can reinforce desired behaviour through providing a supportive environment for life-skills education programmes. Participants whose concerns are addressed are more likely to demonstrate commitment to and ownership

of the programme, which in turn enhances sustainability and effectiveness in communities they live in and need to recognize what learner already knows, feels and can do.

Effective programmes have clear learning objectives and ensure assessment of both processes and impact outcomes.

9.5 RESPONSIBILITY OF THE TEACHER

Due to impact of globalization adolescents are faced with many problems and challenges of life. They need competency, right attitude and skills to cope with the new stresses. Media even sometimes present distorted information due perhaps to its vested interests. The other source of information is the parents, who are sometime ignorant or hesitant and reserved to talk specially on sensitive issues like sexual health. Such ignorance has posed the threat of HIV and AIDS. Then they rely on peer-group information who themselves are not clear about the values placed by the society and own desires/instincts. So they are confused and have conflict in mind. They gather information from unreliable sources or cheap literature. If we talk about HIV and AIDS. "Shame, and Stigma" are the words attached to it. Students need to have the feeling of empathy for the person who have AIDS. Moreover, they should be made aware about its prevention and cure.

The above facts highlight the responsibility of the teacher.

Students spend a lot of time in educational institutions. An ideal teacher can mould the personality of the learner in desired direction. For the fulfillment of this objective learning, the traditional methods behind, the teacher will have to adopt innovative and interactive methods and strategies mentioned in this unit.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

2. Why is the Responsibility of a teacher in providing life skills-based education more important than any other agency.

.....

.....

.....

9.6 LET US SUM UP

In this unit you have studied that

- Teacher has an exclusive role in handling immature children and helping them to become worthy and useful citizens of society.
- Teacher influences the knowledge, attitude and competency of the students.
- Teacher can raise the awareness and ability of the students to cope with the stress and demands placed on them by the society.

- Teacher can discuss with them and give guidance regarding sensitive issues related to sexual health education.
- Teacher can develop in students a sense of empathy for the persons who suffer from HIV and AIDS.
- Teacher can promote awareness about prevention and cure of such a fatal disease as HIV and AIDS.
- Teacher will have to adopt innovative and interactive strategies to guide the students on issues related to HIV and AIDS.

9.7 UNIT-END EXERCISE

1. Identify and select a student of your class who is performing well in the group but is hesitant to take initiative. What would you suggest to help such a student to develop his/her confidence and ability in taking decision and initiative.

9.8 SUGGESTED READINGS

Anthony, A. D'Souza (1979): *Sex Education and Personality Development*, Indian Social Institute: New Delhi.

Kundu, C.L., (1988): *Educational Psychology*, Sterling Publishers Private Limited: New Delhi.

Freud, S. (1938): *Psychopathology of Everyday Life*, The Basic Writings of Freud. S. Modern Library: New York.

IGNOU, (1993): *Curriculum Development for Distance Education*, Learning Transactions and Improvement, ES-316, IGNOU: New Delhi.

NACO, (2004): *Guideline for the School AIDS Education Programme*.

NACO (2005): *Facilitators Handbook for Training of Teachers, Adolescence Education Programme*.

NACO (2005): *Life Skills Modules, Adolescence Education Programme*.

NACO (1995): *National AIDS Control Programme in India Century Scenario*, UP Date MHFW: Govt. of India.

Thomas, G. (1995): *AIDS and Family Education*, Rawat Publications: Jaipur and New Delhi.

Watson, J.B. (1924): *Psychology from the Standpoint of a Behaviourist*, J.B. Lippincott Company: Philadelphia.

9.9 ANSWERS TO CHECK YOUR PROGRESS

1. Following strategies can be adopted to facilitate the life skill-based education:
 - a) Effective school health programme

**Life Skills Based
Education and
Objectives**

- b) Formal and Non formal HIV and AIDS prevention programmes
 - c) Co-ordinated school — community programmes
 - d) Integration of school curriculum
 - e) Interactive and innovative methods
 - f) Improving communication skills
 - g) Learning the skill of managing stress
 - h) Adopting positive attitude and values
2. New information and knowledge has brought with it various challenges for learners. They have to learn the life-skills to cope with stress, to develop self-confidence and right values/beliefs, out of the various sources : peer group is confused, parents are hesitant or ignorant, media may have vested interests. So this becomes the utmost responsibility of the teacher to provide accurate information in the best possible manner.